

Resident Account Summary
Tuesday, September 22, 2020 @13:10

For Inmate ID: 1007103 RAYNOR, JAMES HERMAN

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
05/24/2019	EPR	OID:100640571-ComisaryPur	-101.82	0.80	0.00	0.00	05/24/2019
05/20/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	100.00	102.62	0.00	0.00	05/20/2019
05/08/2019	EPR	OID:100638263-ComisaryPur	-99.46	2.62	0.00	0.00	05/08/2019
05/06/2019	FUNDRAISER	MOTHER'S DAY PINK CARNATI	-6.00	102.08	0.00	0.00	05/06/2019
05/03/2019	PROTHESIS	VOID-12/20/18 CPAP - VOID	-25.00	108.08	0.00	0.00	05/03/2019
05/03/2019	<PROTHESIS>	VOID-12/20/18 CPAP - VOID	25.00	108.08	25.00	0.00	05/03/2019
04/29/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	65.00	83.08	0.00	0.00	04/29/2019
04/26/2019	<COPIES>	MEDICAL COPIES	-1.10	18.08	0.00	0.00	04/26/2019
04/26/2019	COPIES	MEDICAL COPIES	1.10	19.18	1.10	0.00	04/26/2019
04/24/2019	EPR	OID:100636801-ComisaryPur	-46.10	19.18	0.00	0.00	04/24/2019
04/24/2019	EPR	OID:100636592-ComisaryPur	-27.59	65.28	0.00	0.00	04/24/2019
04/17/2019	EPR	OID:100635493-ComisaryPur	-56.14	92.87	0.00	0.00	04/17/2019
04/15/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	75.00	149.01	0.00	0.00	04/15/2019
04/08/2019	EPR	OID:100634409-ComisaryPur	-89.70	74.01	0.00	0.00	04/08/2019
04/03/2019	<COPIES>	Payment for COPIES on 2018	-6.00	163.71	0.00	0.00	04/03/2019
04/03/2019	<COPIES>	Payment for COPIES on 2018	-3.00	169.71	6.00	0.00	04/03/2019
04/03/2019	<COPIES>	Payment for COPIES on 2018	-2.80	172.71	9.00	0.00	04/03/2019
04/03/2019	<PROTHESIS>	Payment for PROTHESIS on :	-25.00	175.51	11.80	0.00	04/03/2019
04/03/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	200.00	200.51	36.80	0.00	04/03/2019
01/24/2019	EPR	OID:100625760-ComisaryPur	-1.79	0.51	36.80	0.00	01/24/2019
01/16/2019	EPR	OID:100624294-ComisaryPur	-30.00	2.30	36.80	0.00	01/16/2019
01/14/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGI	30.00	32.30	36.80	0.00	01/14/2019
01/07/2019	PROTHESIS	12/20/18 CPAP	25.00	2.30	36.80	0.00	01/07/2019
12/06/2018	COPIES	LEGAL COPIES	6.00	2.30	11.80	0.00	12/06/2018
10/24/2018	COPIES	MEDICAL COPIES	3.00	2.30	5.80	0.00	10/24/2018
09/12/2018	COPIES	LEGAL COPIES	2.80	2.30	2.80	0.00	09/12/2018
09/07/2018	FUNDRAISER	SUBS FUNDRAISER	-8.00	2.30	0.00	0.00	09/07/2018
09/06/2018	EPR	OID:100608319-ComisaryPur	-25.09	10.30	0.00	0.00	09/06/2018
09/05/2018	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGI	35.00	35.39	0.00	0.00	09/05/2018
07/25/2018	EPR	OID:100603249-ComisaryPur	-1.70	0.39	0.00	0.00	07/25/2018
07/17/2018	EPR	OID:100602151-ComisaryPur	-32.50	2.09	0.00	0.00	07/17/2018
07/16/2018	<COPIES>	Payment for COPIES on 2018	-1.30	34.59	0.00	0.00	07/16/2018
07/16/2018	DEPMO NO DE	JPAY DEPOSIT S ETHERIDGE	35.00	35.89	1.30	0.00	07/16/2018
06/11/2018	COPIES	LEGAL COPIES	1.30	0.89	1.30	0.00	06/11/2018
05/24/2018	EPR	OID:100596012-ComisaryPur	-4.32	0.89	0.00	0.00	05/24/2018
05/24/2018	EPR	OID:100595884-ComisaryPur	-29.97	5.21	0.00	0.00	05/24/2018
05/22/2018	JPAY MUSIC	JPAY TO BE CREDITED BY 6/1	-24.00	35.18	0.00	0.00	05/22/2018
05/15/2018	DEPMO NO DE	CK #403084007366 US TREAS	40.31	59.18	0.00	0.00	05/15/2018
05/15/2018	DEPMO NO DE	CK #403084007368 US TREAS	18.82	18.87	0.00	0.00	05/15/2018
04/24/2018	EPR	OID:100592039-ComisaryPur	-27.78	0.05	0.00	0.00	04/24/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-1.20	27.83	0.00	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-2.80	29.03	1.20	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-0.90	31.83	4.00	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-0.40	32.73	4.90	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-2.20	33.13	5.30	0.00	04/23/2018
04/23/2018	DEPMO NO DE	JPAY DEPOSIT S ETHERIDGE	35.00	35.33	7.50	0.00	04/23/2018
04/20/2018	COPIES	LEGAL COPIES	1.20	0.33	7.50	0.00	04/20/2018
04/02/2018	COPIES	LEGAL COPIES	2.80	0.33	6.30	0.00	04/02/2018
03/13/2018	COPIES	LEGAL COPIES	0.90	0.33	3.50	0.00	03/13/2018
02/07/2018	EPR	OID:100582196-ComisaryPur	-5.58	0.33	2.60	0.00	02/07/2018
01/30/2018	PAYROLL NO	Payroll Transaction	3.24	5.91	2.60	0.00	01/30/2018
01/29/2018	COPIES	MEDICAL COPIES	0.40	2.67	2.60	0.00	01/29/2018
01/16/2018	COPIES	LEGAL COPIES	2.20	2.67	2.20	0.00	01/16/2018
01/09/2018	EPR	OID:100578341-ComisaryPur	-4.64	2.67	0.00	0.00	01/09/2018
12/29/2017	ERF	OID:100576943-ComisaryRef	3.58	7.31	0.00	0.00	12/29/2017
12/28/2017	EPR	OID:100576943-ComisaryPur	-38.91	3.73	0.00	0.00	12/28/2017
12/21/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-4.21	42.64	0.00	0.00	12/21/2017
12/21/2017	PAYROLL NO	Payroll Transaction	26.33	46.85	0.00	0.00	12/21/2017

Resident Account Summary
Tuesday, September 22, 2020 @13:10

For Inmate ID: 1007103 RAYNOR, JAMES HERMAN

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
12/18/2017	DEPMO NO DE	JPAY DEPOSIT S ETHERIDGE	20.00	20.52	0.00	0.00	12/18/2017
12/12/2017	ERF	OID:100574247-ComisaryRef	0.32	0.52	0.00	0.00	12/12/2017
12/11/2017	EPR	OID:100574247-ComisaryPurc	-16.54	0.20	0.00	0.00	12/11/2017
11/29/2017	WDRAWAL CHK	J RAYNOR #1007103 FILING 1	-5.10	16.74	0.00	0.00	11/29/2017
11/29/2017	PAYROLL NO	Payroll Transaction	21.06	21.84	0.00	0.00	11/29/2017
11/06/2017	EPR	OID:100570781-ComisaryPurc	-14.95	0.78	0.00	0.00	11/06/2017
11/02/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	15.73	0.00	0.00	11/02/2017
10/30/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-4.78	21.73	0.00	0.00	10/30/2017
10/30/2017	PAYROLL NO	Payroll Transaction	25.52	26.51	0.00	0.00	10/30/2017
10/17/2017	EPR	OID:100568088-ComisaryPurc	-1.74	0.99	0.00	0.00	10/17/2017
10/06/2017	EPR	OID:100566866-ComisaryPurc	-11.51	2.73	0.00	0.00	10/06/2017
10/05/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	14.24	0.00	0.00	10/05/2017
09/28/2017	WDRAWAL CHK	J RAYNOR #1007103	-6.16	20.24	0.00	0.00	09/28/2017
09/28/2017	<COPIES>	Payment for COPIES on 201	-2.50	26.40	0.00	0.00	09/28/2017
09/28/2017	PAYROLL NO	Payroll Transaction	23.90	28.90	2.50	0.00	09/28/2017
09/25/2017	<COPIES>	LEGAL COPIES	-1.50	5.00	2.50	0.00	09/25/2017
09/25/2017	COPIES	LEGAL COPIES	4.00	6.50	4.00	0.00	09/25/2017
09/13/2017	EPR	OID:100563997-ComisaryPurc	-1.60	6.50	0.00	0.00	09/13/2017
09/13/2017	ERF	OID:100563199-ComisaryRef	1.60	8.10	0.00	0.00	09/13/2017
09/07/2017	EPR	OID:100563199-ComisaryPurc	-25.66	6.50	0.00	0.00	09/07/2017
08/30/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-5.75	32.16	0.00	0.00	08/30/2017
08/30/2017	PAYROLL INC	Payroll Transaction	30.78	37.91	0.00	0.00	08/30/2017
08/23/2017	EPR	OID:100561621-ComisaryPurc	-4.94	7.13	0.00	0.00	08/23/2017
08/07/2017	EPR	OID:100559137-ComisaryPurc	-11.72	12.07	0.00	0.00	08/07/2017
08/01/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	23.79	0.00	0.00	08/01/2017
07/28/2017	WDRAWAL CHK	J RAYNOR COURT FILING FEE	-4.94	29.79	0.00	0.00	07/28/2017
07/28/2017	PAYROLL 20	Payroll Transaction	28.76	34.73	0.00	0.00	07/28/2017
07/07/2017	EPR	OID:100555583-ComisaryPurc	-14.77	5.97	0.00	0.00	07/07/2017
06/29/2017	WDRAWAL CHK	COURT FILING FEE J RAYNOR	-4.94	20.74	0.00	0.00	06/29/2017
06/29/2017	PAYROLL 20	Payroll Transaction	24.71	25.68	0.00	0.00	06/29/2017
06/23/2017	EPR	OID:100554333-ComisaryPurc	-4.85	0.97	0.00	0.00	06/23/2017
06/15/2017	EPR	OID:100553242-ComisaryPurc	-18.61	5.82	0.00	0.00	06/15/2017
06/13/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	24.43	0.00	0.00	06/13/2017
06/12/2017	<COPIES>	MEDICAL COPIES	-0.20	30.43	0.00	0.00	06/12/2017
06/12/2017	COPIES	MEDICAL COPIES	0.20	30.63	0.20	0.00	06/12/2017
06/06/2017	EPR	OID:100552067-ComisaryPurc	-16.16	30.63	0.00	0.00	06/06/2017
05/26/2017	WDRAWAL CHK	J. RAYNOR #1007103 COURT 1	-5.99	46.79	0.00	0.00	05/26/2017
05/26/2017	PAYROLL 20	Payroll Transaction	29.97	52.78	0.00	0.00	05/26/2017
05/23/2017	EPR	OID:100550512-ComisaryPurc	-31.96	22.81	0.00	0.00	05/23/2017
05/10/2017	DEPMO	JPAY DEPOSIT S ETHERIDGE	32.00	54.77	0.00	0.00	05/10/2017
05/09/2017	MED COPAY	VOID-MEDICAL COPAYMENT 1/	-5.00	22.77	0.00	0.00	05/09/2017
05/09/2017	<MED COPAY>	VOID-MEDICAL COPAYMENT 1/	5.00	22.77	5.00	0.00	05/09/2017
05/05/2017	EPR	OID:100548217-ComisaryPurc	-17.82	17.77	0.00	0.00	05/05/2017
04/27/2017	WDRAWAL CHK	J RAYNOR #1007103 APR 201	-5.43	35.59	0.00	0.00	04/27/2017
04/27/2017	PAYROLL 20	Payroll Transaction	27.14	41.02	0.00	0.00	04/27/2017
04/05/2017	EPR	OID:100544521-ComisaryPurc	-12.36	13.88	0.00	0.00	04/05/2017
03/30/2017	WDRAWAL CHK	J RAYNOR #1007103	-4.78	26.24	0.00	0.00	03/30/2017
03/30/2017	PAYROLL 20	Payroll Transaction	23.90	31.02	0.00	0.00	03/30/2017
03/07/2017	EPR	OID:100540479-ComisaryPurc	-18.38	7.12	0.00	0.00	03/07/2017
03/02/2017	ICECREAM	ICE CREAM FUNDRAISER	-3.00	25.50	0.00	0.00	03/02/2017
02/28/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-7.05	28.50	0.00	0.00	02/28/2017
02/28/2017	PAYROLL 20	Payroll Transaction	35.24	35.55	0.00	0.00	02/28/2017
02/17/2017	EPR	OID:100538179-ComisaryPurc	-4.80	0.31	0.00	0.00	02/17/2017
02/17/2017	ERF	OID:100537758-ComisaryRef	4.80	5.11	0.00	0.00	02/17/2017
02/15/2017	EPR	OID:100537758-ComisaryPurc	-11.12	0.31	0.00	0.00	02/15/2017
02/10/2017	<MED COPAY>	MEDICAL COPAYMENT 1/24/20	-5.00	11.43	0.00	0.00	02/10/2017
02/10/2017	MED COPAY	MEDICAL COPAYMENT 1/24/20	5.00	16.43	5.00	0.00	02/10/2017
02/07/2017	EPR	OID:100536460-ComisaryPurc	-19.72	16.43	0.00	0.00	02/07/2017

Resident Account Summary
Tuesday, September 22, 2020 @13:10

For Inmate ID: 1007103 RAYNOR, JAMES HERMAN

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
01/31/2017	PAYROLL 20	Payroll Transaction	20.66	36.15	0.00	0.00	01/31/2017
01/26/2017	ICECREAM	ICE CREAM FUNDRAISER	-3.00	15.49	0.00	0.00	01/26/2017
01/25/2017	EPR	OID:100535160-ComisaryPurc	-27.33	18.49	0.00	0.00	01/25/2017
01/23/2017	DEPMO	JPAY DEPOSIT S ETHERIDGE	45.00	45.82	0.00	0.00	01/23/2017
01/09/2017	EPR	OID:100532827-ComisaryPurc	-3.15	0.82	0.00	0.00	01/09/2017
12/30/2016	PAYROLL 20	Payroll Transaction	3.97	3.97	0.00	0.00	12/30/2016

Exhibit - B - PART (1) - A.

"FORMAL LEGAL NOTICE OF ACTION'S BEING TAKEN"

To: Mr. MARK AMONETTE, MD. VA. CHIEF PHYSICIAN AT VA. O.O.C.

From: Rabbi: JAMES H. RAYNOR:

SUBJECT: LEGAL ACTION'S BEING TAKEN FOR BOTH "STATE" AND "FEDERAL" MEDICAL VIOLATIONS UNDER THE LAW'S SUPPORTING THE AMERICANS WITH DISABILITIES ACT: ~~THE~~ UNDER THE 8TH AMENDMENT FOR DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL ISSUE'S:

"STATE" UNDER THE STATE MANDATED OPERATING PROCEDURE 801.3 MANAGING I.D.A. "OFFENDERS WITH DISABILITIES DATED 8-1-2019 PAGE F (11), OF (13), FOR ODE OF VA" MEDICAL PHYSICAL IMPAIRMENT UNDER THE "DIGESTIVE SYSTEM DISORDER" OF 801.3. "EXTREM GASTRO ESOPHAGEAL ACID REFLUX DISEASE," AS A MAJOR LIFE BODILY FUNCTION OF A PART OF THE DIGESTIVE SYSTEM DISORDER; AND "GOUT DISORDER" A VERY EXTREM AND PAINFULL AS WELL DEBILITATING."

FEDERAL" ALSO AS DEFINED IN THE FEDERAL LAW'S OF THE A.D.A. "SECTION 12102" PAGE F (7), OF MAJOR LIFE ACTIVITIES, PART (B). MAJOR BODILY FUNCTIONS OF THE DIGESTIVE SYSTEM, AND LAWFULLY MEDICALLY DOCUMENTED IN MY MEDICAL RECORD'S AS "GASTRO ESOPHAGEAL ACID REFLUX DISEASE," AND "GOUT DISORDER." A VERY EXTREM DEBILITATING PAINFULL DISORDER."

LEGAL FACT'S OF SERIOUS MEDICAL ISSUE"

LEGAL FACT" PART NO:(1). IT IS LEGALLY IN MY MEDICAL RECORD'S SHOWING "GASTRO ESOPHAGEAL ACID REFULX DISEASE": AND "GOUT DISORDER"

LEGAL FACT" PART NO:(2). SUPPORTED BY EXPERT MEDICAL WITNESSES, WHO ARE SPECIALIST IN THIS ^{ACID} DIGESTIVE SYSTEM DISORDER: OF GASTRO ESOPHAGEAL ACID REFULX DISEASE; "GOUT".

LEGAL FACT" PART NO:(3). THESE EXPERT WITNESSES, ALONG WITH "HEART SPECIALIST" GAVE PLAINTIFF A FULL COPY OF WHAT "FOOD'S TO STAY AWAY FROM" TO AVOID FOOD'S THAT TRIGGER THE SYMPTOMS. AND WHAT MODIFICATIONS ARE NEEDED TO HELP MEDICAL

PAGE # (2).

LEGAL FACT

PART NO: (4)

LEGAL CASE LAW'S THAT SUPPORT THE MODIFICATIONS NEEDED TO HELP AVOID FOODS THAT TRIGGER THE GASTRO ESOPHAGEL ACID REFLUX DISEASE OR THE DIGESTIVE SYSTEM DISORDER: AND "PAINFULL GOUT DISORDER."

"CASE LAW'S IN SUPPORT"

NO: (1).

VERSER V. ELYEA, 113 F. SUPP. 2D. 1211, 1215 (M.D. ILL- 2000);

NO: (2).

RAYNOR V. PUGH, HAROLD W. CLARKE DIRECTOR OF VA. D.O.C. # 1-13-CV-01117-LMB-JFA:
SETTLED NOV- 2016:

NO: (3).

RAYNOR V. GEO GROUP INC, HAROLD W. CLARKE VA. D.O.C. DIRECTOR # 1-19-CV-1382-

SETTLED OCT- 2020:

"LAWFULL AGREEMENT AND SETTLEMENT"

LEGAL FACT

NO: (1).

AS CLEARLY AND LEGALLY STATED IN FEDERAL COURT UNDER SETTLEMENT AGREEMENT FORMAL CONTRACT OF RAYNOR V. PUGH, HAROLD W. CLARKE, 1-13-CV-01117-LMB-JFA. PAGE # (2). LINE # (1). PLAINTIFF, "MY SELF" IS TO BE PROVIDED ALL HIS A.D.A MEDICAL NEEDS, WHICH INCLUDES GASTRO-REFLUX MEDICAL ISSUES, AS WELL AS HIS BOARD CERTIFIED GASTROENTEROLOGIST: AND HIS "EXTREM DEBILITATING GOUT DISORDER"

LEGAL FACT

NO: (2).

IT ALSO CLEARLY AND LEGALLY STATES IN FEDERAL COURT UNDER SETTLEMENT AGREEMENT RAYNOR V. GEO GROUP INC, HAROLD W. CLARKE, THAT WAS ALSO SETTLED IN NOV- 2020, PLAINTIFF RAYNOR IS TO HAVE "ALL" HIS MEDICAL NEEDS MET EVEN HIS A.D.A. MEDICAL ISSUES!"

LEGAL ISSUE'S UPON WHICH CAN, AND WILL BE HELD ON!

YOU MR. AMONETTE, WITH ALL DUE RESPECT!

STAND LAWFUL CONDITIONS FOR WHICH YOU WOULD LOSE, IS IT NOT THIS

(1). UNDER COMMON KNOWLEDGE OF A SERIOUS MEDICAL ISSUE

AND "YOU REFUSED" TO ACT UPON IT IS A LEGAL TERM "DELIBERATE

"INDIFFERENCE" TO MY SERIOUS MEDICAL NEEDS, AND VIOLATES THE

8TH AMENDMENT: FOR CRUEL AND UNUSUAL PUNISHMENT:

PAGE # (3). "LEGAL ISSUES"

#(2). UNDER THESE LEGAL ISSUE'S BY YOUR REFUSING TO COMPLY TO FEDERAL SETTLEMENT AGREEMENT'S, IT IS CALLED "CRIMINAL LIFE ENDANGERMENT" BECAUSE "YOU" WHERE MADE AWARE OF NOT ONLY SERIOUS MEDICAL ISSUES, BUT ALSO REFUSED REFUSED TO COMPLY WITH THE "STATE, + FEDERAL" LAWS THAT GOVERN THE "A.D.A.", AND THE LEGAL LAWS + AND CONDITIONS OF BOTH SETTLEMENT AGREEMENTS:

#(3). THE SETTLEMENT AGREEMENT CONTRACT IS A FEDERAL EXECUTORY CONTRACT THAT MUST FULLY BE PERFORMED. THE FEDERAL "CONTRACT BOND" IS TO PROTECT AGAINST BREACH OF CONTRACT, DULLY KNOWN AS A "LAWFULL PERFORMANCE BOND" UNDER THE FEDERAL LAWFULL NOTARY SEAL, LEGALLY PUT IT IS REQUIRED BY LAW TO TO FULLY PERFORM, OR "YOU" LEGALLY DEFAULT, FOR FAILURE TO ACT, AND FAILURE TO MEET THE LEGAL OBLIGATIONS OF THE SETTLEMENT AGREEMENT CONTRACT THAT IS LAWFULLY REQUIRED. PLAINTIFF HAS ALSO LOST 365 LBS. SO THE NEEDING TO LOSE WEIGHT ISSUE IS MOOT, EVEN SKINNY PEOPLE HAVE IT.

Mr. AMONETTE, AS REQUIRED BY FEDERAL LAW'S OF CIVIL PROCEDURE I MUST LET YOU KNOW THIS! TODAY IS JAN-25TH-2021, AND I AM GIVEN YOU (15) WORKING DAYS OF THE NOTARY SEAL AND MY SIGNATURE ON THIS DOCUMENT FOR YOU TO COMPLY, OR BE HELD LEGALLY RESPONSABLE FOR ANY MORE INJURIES, PAIN AND SUFFERING THAT HAPPENS.

"NOTARY"

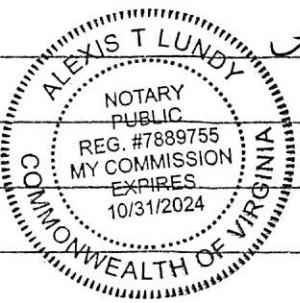
DATE: 2-3-21

Alexis Lundy

NAME: Rabbi JAMES H. RAYNER

Alexis Lundy

Address: L.V.C.C - 1607 PLANTERS Rd.



expires: 10/31/2024 LAWRENCEVILLE VA 23868

SIGNATURE: Rabbi JAMES H. RAYNER

P.S.

I HAVE ALREADY CONTACTED MY ATTORNEY'S TO WRITE UP MY ~~LEGAL~~ LEGAL AND

VIRGINIA
DEPARTMENT OF CORRECTIONS

EXHIBIT - B - PART - B

PAGE 4 (2)

Offender Request 801_F3_10-17

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Habbi Raynor	James	H.	1007103	Inf. 01-01B
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
				Thurs. 11/12/2020

TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Enterprise Shop Security
 Chaplain Assistant Warden Warden Dental Accounting
 Other Raynor

CHECK PURPOSE Appointment Request Question/Statement

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: Med Recs. Date: 11-12-2020

① The only record seen in your chart of medical diet is date 10/22/2020 ← This is the only medical diet order seen.
 it is included. ② Results for the sleep study is included
 ③ What is the medical visit dealing with what issues, and do you remember that in my medical file see exhibit c-1
 8-12-20 the dates. Let me know the other records you need so that copies can be made for you. I highlighted the remark that was not understandable, what records are you referring to.

NEXT PAGE

There was a medical diet order for 4-21-20
 By A. McCormick N.P. R.N. on "4-21-20" + "8-12-20"

Offender seen Yes No

Johnson, MAC
Official Responding

Thurs. 11/12/2020
Date of Response

**Offender Diet Order**

Lawrenceville Correctional Center
Facility

04/21/2020

Date

A therapeutic diet order has been written for:

Offender Name: Raynor James Number: 1007103

Please check diet order as written in offender medical record:

- Clear Liquid
- Full Liquid
- Mechanical Soft
- Safety

*Other no Beans/no F/S/I/ no Peanut Butter

*Date Approved: 04/21/20

*Must be approved by the Chief Physician of the Office of Health Services

Therapeutic diet order renewal date: _____

The following diet orders do not expire and no renewal is needed:

- Allergy (Food _____) Documented in offender Medical History Yes No
- Diabetic/Carbohydrate Controlled Education Provided HS Snack Bag Yes No
- Cardiac Education Provided
- Renal (Dialysis)

Health Authority/Designee

Angie McCormick, FNP-C

Date

4/21/20



Offender Diet Order

Lawrenceville Correctional Center
Facility

10-22-2020

Date

A therapeutic diet order has been written for:

Offender Name: Raynor, James

Number: 1007103

Please check diet order as written in offender medical record.

Discontinue diet written 8/12/2020 no documents
allergies noted in chart

- Clear Liquid
- Full Liquid
- Mechanical Soft
- Safety
- *Other _____

DIGESTIVE SYSTEM DISORDER
EXTREM GASTRO ESOPHAGE ACID REFLUX DISEASE
It's in my MEDICAL RECORDS + COURT ORDERED DOCUMENTS

*Date Approved: _____

*Must be approved by the Chief Physician of the Office of Health Services

Therapeutic diet order renewal date: _____

The following diet orders do not expire and no renewal is needed:

- Allergy (Food _____)
Documented in offender Medical History Yes No
- Diabetic/Carbohydrate Controlled Education Provided **HS Snack Bag** Yes No
- Cardiac Education Provided
- Renal (Dialysis)

JLW/mpt/RJ
Health Authority Designee

10/22/2020

Date



VIRGINIA

DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility:

LVCE

Offender Name:

Raynor

James

Number:

1067163

Last

First

Date/Time

Complaint and Treatment

Signature and Title

"8/12/20" 17 ^W	I'm assess in clinic - Requesting reduction USS: refill - States that he has not taken Laxiv for 2 months - State that laxiv is a life long mediate used to prevent fluid overload. Denies any CHF. Reports having angina. Requesting us to send for Chronic LBP / migraine 12-96% State compliance to Segue medicare - However Reports have a seizure over the left. - ☐ Cystic & taking S/P 12 gen - very sitting in w/c. - 8-10x3. ☐ cardiac medicat: HTN or dypres CV - S, 2. mm - ECGP. Gendine puds - Bl. cra. G-Welling (rate). Escamp ☐ Sint. DIS 9# - GMHAD. Opposite hand - have Food particle due to religio & money. Does not eat fish, tomato, beans OS, potato Juice "permitt". Need to be a kosher diet" - has same and refus. (MEDICAL ORDER) (For Kosher Diet) 8-12-20
8/13/20 12:00 PM <i>Whitaker</i>	P - Medication Renewal as above. Labs Dilantin level <i>LAB BOOK</i> ✓ Keppra level ✓ ✓ TSH, CBC, VCA, TSH, CBC. ☐ Mammill MR-C.



Exhibit - B - Part (2)
VIRGINIA
DEPARTMENT OF CORRECTIONS

(For REFLUXED MEDICAL)
DIET NEEDED Emergency Grievance 866_F4_4-16

Emergency Grievance Log # 157838

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

<u>RAYnor</u>	<u>Rabbi: JAMES</u>	<u>A 1007103</u>	<u>LCC</u>	<u>144-70-71-109</u>
Offender Last Name	First	Number	Facility	Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? *MEDICAL SUPERVISOR'S ARE VIOLATING STATE, AND FEDERAL LAWS ! UNDER STATE LAW UNDER OPERATING PROCEDURE 801.3, MANAGING OFFENDERS WITH DISABILITIES PAGE # 111 OF C13) "PHYSICAL IMPAIRMENT OF THE DIGESTIVE SYSTEMS DUE TO HIS GASTRO-ESOPHAGEAL REFLUX DISEASE SEE GASTROENTEROLOGY REPORT FROM OCT. 10TH. 2018 START AT PAGE 140. OF C13) IT (2), FOODS TO STAY AWAY FROM LIKE Foods With High Protein, Due To Gout; Like Fish, BEANS, PEANUT BUTTER, Acid Foods Such As TOMATO SAUCE, O.J. Apple Juice, SALMIA: THESE FOODS CAUSE SEVERE & EXTREM PHYSICAL IMPAIRMENTS TO MY DIGESTIVE SYSTEM, AND EATS OF MY GOUT SEVERLY: VIOLATIONS UNDER FEDERAL LAWS OF THE AMERICANS WITH DISABILITIES ACT SECTION: 12102 PAGE 017. MAJOR LIFE ACTIVITIES PART (B). MAJOR BODY FUNCTIONS SUCH AS IMMUNE, AND DIGESTIVE SYSTEMS UNDER THIS FEDERAL LAW AS STATED ON PAGE # 140 PART (B). ENFORCEMENT By U.S. ATTORNEY GENERAL #11, DENIES OR DENIAL OF THESE RIGHTS LINE 09. U.S. ATTORNEY GENERAL HAS A LEGAL DUTY TO INVESTIGATE" AND SHALL INVESTIGATE ALL ALLEGED VIOLATIONS; REINSTATE MEDICAL DIET TO VATED 8-12-20; OR LEGAL ACTION WILL BE TAKEN // 72 Hours in Federal Court.*

<u>11-4-20</u>	<u>9:30AM</u>	<u>Rabbi James Raynor #1007103</u>	<u>Offender Signature and Number</u>
Date/Time			

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- | | |
|--|--|
| <input type="checkbox"/> Submit Informal Complaint | <input type="checkbox"/> Evaluated by Medical: Date Seen _____ |
| <input type="checkbox"/> Submit Sick Call Request | <input type="checkbox"/> Send an Offender Request To: _____ |
| <input type="checkbox"/> Submit Request to Dental | <input checked="" type="checkbox"/> Other (Provide detailed explanation below) |

- Your grievance has been determined to be an emergency and the following action has been taken:
- | | |
|---|---|
| <input type="checkbox"/> Sent to Hospital: Date Transported | <input type="checkbox"/> Other (Provide detailed explanation below) |
|---|---|

ALL SPECIALIZED DIETS MUST BE APPROVED BY THE CHIEF MEDICAL OFFICER & THIS TYPE OF SPECIAL DIET (IS NOT READILY AVAILABLE ON THE APPROVED DIET LIST.)

11/4/20 Loop - C.Y

- | | |
|------------------|-----------------------------|
| <u>Date/Time</u> | <u>Respondent Signature</u> |
|------------------|-----------------------------|
- PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
- Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by: _____

<u>Signature</u>	<u>Name/Title Printed</u>	<u>Date/Time</u>
------------------	---------------------------	------------------



The GEO Group, Inc.

EXHIBIT - B-

LAWRENCEVILLE CORRECTIONAL CENTER

Lawrenceville, VA

For REFUSED
MEDICAL DIET

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

Offender Request

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi: James	H.	# 1007103	114-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
NIA				12-7-20

- TO: Unit Manager Medical Personal Property Law Library Security
 Treatment Mental Health Education Dental Maintenance
 Chaplain Facility Admin. Asst. Facility Admin. Chief of Housing & Programs Accounting
 Other _____

CHECK PURPOSE Appointment Request Question/Statement Mr. YARGER RN, RHSM
 CAN YOU PLEASE LET ME KNOW WHAT DR. AMONETTE HAS SAID ABOUT MY DIGESTIVE SYSTEM MEDICAL ORDER FOR FOOD REPLACEMENT FOR MY MEDICAL DIET ORDER? I NEED TO FIND SOMETHING OUT A.S.A.P.: MR. YARGER, I NEED TO ALSO MEET WITH YOU A.S.A.P. PLEASE. IT'S VERY IMPORTANT THAT WE TALK!

THANK YOU FOR YOUR TIME
 GOD BLESS, AND BE SAFE FROM
 THIS COVID-19

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to:

Date:

HE RESPONDED TO ME VIA EMAIL ON 11/11/20 & IN SUMMARY HE INDICATED THAT THE DIETARY CHANGES WERE NOT WARRANTED AT THIS TIME. HE INSTRUCTED ME THAT RECOMMENDED TREATMENT FOR GOUT & GERD IS WEIGHT LOSS. HE CLAIMS THAT BASED ON OF STUDIES HE REVEWS THAT DIETARY CHANGES HAD LITTLE IMPACT FOR THOSE CONDITIONS. I CONSULTED WITH DR. AMONETTE, DR CHRISTAKIS - CEO'S DIETITIAN WHO ALSO AGREED WITH DR AMONETTE'S ASSESSMENT. I WILL TRY TO MEET WITH YOU AS SOON AS I CAN BUT IT'S LOOKING LIKE NEXT MONDAY WILL BE THE EARLIEST. PLEASE HAVE THE OFFICER CALL ON 12/14/20.

Offender seen Yes No

Official Responding
Yarger RN, RHSM
GEO Secure Services
Eastern Regional Office

12/9/20

Date of Response

Health System

MCV Hospitals and Physicians

(r "G I " "Endoscopy")

Patient Name:	James Raynor	Procedure Date:	8/21/2018 3:17 PM
MRN:	4542402	Account Number:	706172566745
Date of Birth:	5/15/1960	Admit Type:	Outpatient
Age:	58	Note Status:	Finalized
Attending MD:	DOUMIT S. BOUHAIDAR, MD	Instrument Name:	1G391H170

Moderate Sedation:

Moderate (conscious) sedation was administered by the endoscopy nurse and supervised by the endoscopist. The following parameters were monitored: oxygen saturation, heart rate, blood pressure, respiratory rate, EKG, adequacy of pulmonary ventilation, and response to care. Total physician intraservice time was 10 minutes.

Estimated Blood Loss:

Estimated blood loss: none.

Recommendation: - Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow.
 → Written discharge instructions were provided to the patient. ↵
 - Discharge patient to home (ambulatory). ↵
 - Continue present medications.

Procedure Code(s): --- Professional ---
 43235, Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

Diagnosis Code(s): --- Professional ---
 K29.70, Gastritis, unspecified, without bleeding
 → K12, Heartburn ↵
K21.9, Gastro-esophageal reflux disease without esophagitis ↵

CPT © 2016 American Medical Association. All rights reserved.

The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

*Exhibit - A - PAGE # (1).
OF (#)(S)*

~~DOUMIT S. BOUHAIDAR, MD~~

Finalized Date: 8/21/2018 3:37:28 PM

This report has been signed electronically.

Number of Addenda: 0

Note Initiated On: 8/21/2018 3:17:27 PM

Procedure Date: 8/21/2018 3:17:27 PM

Total Procedure Duration:

7 Minutes 27 Seconds

Scope In:

3:25:43 PM

Scope Out:

10/22/18
C Schoum

G I ENDOSCOPY

VCU Health

Gastroenterology OP Estab Visit

* Final Report *

RAYNOR, JAMES - 4542402

VS: T 36.6 C BP 137/94 HR 71 RR 18 SpO₂ 100% Pain 6 Ht 177.8 cm(70") Wt 137.2 kg BMI 43.4 BSA 2.60 (10/10 09:03)

General: Well-Appearing. NAD. Caucasian male.

Eyes: Sclera anicteric.

ENT: No oral lesions.

Nodes: No adenopathy.

Skin: No new rashes

Respiratory: Lungs clear to auscultation.

Cardiovascular: Regular rate, no murmurs, + pedal edema, no JVD.

Abdomen: Soft, NTND. Obese abdomen.

Extremities: No muscle wasting, no gross arthritic changes.

Neurologic: Alert and oriented, cranial nerves grossly intact.

Labs reviewed and interpreted in Cerner.

Endoscopy:

EGD 2012 - erythema in body of stomach. Biopsies normal.

EGD 8/2018: Findings:

The examined esophagus was normal.

Diffuse mild inflammation characterized by erythema was found in the entire examined stomach.

The examined duodenum was normal.

No drains or tubes remain after this procedure. No devices, grafts, tissues, transplants were implanted during this procedure. No specimens were removed during this procedure.

Impression: - Normal esophagus.

- Gastritis.
- Normal examined duodenum.
- No specimens collected.

Colonoscopy 8/2018:

Impression: - Diverticulosis in the sigmoid colon.

- One 8 mm polyp in the sigmoid colon, removed with a cold snare. Resected and retrieved.
- The examined portion of the ileum was normal.
- The examination was otherwise normal.
- Non-bleeding internal hemorrhoids.

PATH: Hyperplastic polyp.

*Exhibit
A-(1). #(2).
PAGE A (#) OF (4)*

Assessment and Plan:

1. GERD: Symptoms suboptimally controlled on Omeprazole 20 mg BID and was uptitrated to 40 mg BID AC. EGD was performed 8/2018 for report of hematemesis but was endoscopically normal

-Increase Omeprazole to 40 mg BID - 30-60 min before meals

"Add H2-blocker (Famotidine or Ranitidine) prior to bedtime due to nighttime symptoms"

→ **Lifestyle modification emphasized GERD lifestyle changes:** Maintain a healthy weight, avoid tight-fitting clothing, avoid foods and drinks that may trigger symptoms such as fried or fatty foods, alcohol, chocolate, mint, garlic, onion, caffeine,

Printed by: Carthorn, Lakeisha W

Printed on: 10/11/2018 13:55 EDT

10/12/18
Schneppns

Page 3 of 4
(Continued)

VCU Health

Gastroenterology OP Estab Visit

* Final Report *

RAYNOR, JAMES - 4542402

Result Type: Gastroenterology OP Estab Visit
Date: October 10, 2018 12:55 EDT
Status: Auth (Verified)
Subject: GI Inmate Clinic Note
Author: KUMRAL MD, DENNIS on October 10, 2018 12:57 EDT
Electronically Signed By: BICKSTON MD, STEPHEN J on October 11, 2018 11:48 EDT
Encounter info: 706172184731, VCUHS, OP, 10/10/2018 - 10/10/2018

* Final Report *

GI Inmate Clinic Note

Patient: RAYNOR, JAMES MRN: 4542402 FIN: 706172184731
Age: 58 years Sex: M DOB: 05/15/1960
Associated Diagnoses: None
Author: KUMRAL MD, DENNIS

GASTROENTEROLOGY CLINIC NOTE

Wednesday, October 10, 2018 @ 12:55

PCP: TESEMMA DO, NEGASH

Attending: Bickston

HPI:

Mr. Raynor is a 57 year old inmate with HTN, CAD, OSA referred for evaluation of gastritis and reflux.

The patient was last seen in inmate GI clinic 4/11/18 by Dr. Kaspar. At that time, he related symptoms of acid reflux which have been present for at least 3 years. Occurs 2-4 times per week, epigastric abdominal pain accompanied by sour taste in mouth and burning in oropharynx and chest. No melena or hematochezia. Worse with eating. No relief with dietary modifications but has achieved partial improvement in symptoms with omeprazole, 20mg PO BID which he is taking in an optimal fashion. After the last visit he was recommended to take 40 mg BID but per the patient and MAR provided, he has still been on 20 mg BID. He does use a wedge pillow and sleeps at incline. He stopped eating red sauce as it makes reflux worse. He eats late night snacks (Matzo crackers). He has been working losing weight and reports he is down from 340 to 303.

No significant nausea/vomiting, hematemesis. Does spit up with dark red color occasionally (EGD 8/2018 mild antral gastritis). No melena or hematochezia.

Review of systems:

Symptoms related to the following organ systems were reviewed during today's visit: Skin, ENT, Eyes, CV, Resp, GI, MS, Neuro, Psych, Endocrine, Heme and Allergies. All were negative or normal except for symptoms noted in reason for visit above

Problem List (Active Medical Only) This information was current as of 10/10/18 @ 12:55:00.

Printed by: Carthorn, Lakeisha W
Printed on: 10/11/2018 13:55 EDT

10/12/18
C. Ach (cont'd)
(Page 1 of 4)
(Continued)

VCU Health

Gastroenterology OP Estab Visit

* Final Report *

RAYNOR, JAMES - 4542402

Active:

- GERD - Gastro-esophageal reflux disease
- HTN - Hypertension
- Hyperlipidemia
- MIGRAINE
- Obesity
- Seizures in response to acute event

SHARP, or SEVERE IN EFFECT: INTENSE ACUTE PAIN:
EXTREMELY GREAT AND SERIOUS: (OPPOSED TO CHRONIC): FOUND IN RANDOM HOUSE WEBSTER'S DICTIONARY

Past Surgical History

- This information was current as of 10/10/18 @ 12:55:49
- Endoscopy
 - Extn - Extraction of tooth
 - Ultrasound
 - 12/12/2012: EEG

Allergies as charted in the allergies profile as of 10/10/18 12:55:49.

NKA

Home Medications This information was current as OF 10/10/18 @ 12:55:00.Prescriptions & Documented Meds By Hx:

- albuterol (ProAir HFA 90 mcg/inh inhalation aerosol with adapter)(Hx): 2 PUFF, Inhalation, twice daily
- apap/asa/caffeine (Pain Reliever Plus oral tablet)(Hx): 2 tab, PO, twice daily
- chlorhexidine topical (Peridex 0.12% mucous membrane liquid)(Rx): 15 mL, PO, twice daily
- ciclesonide (Alvesco HFA)(Hx): Special Instructions: inhale one puff orally twice daily
- furosemide (furosemide 40 mg oral tablet)(Hx): 40 mg, PO, daily
- gabapentin (gabapentin 800 mg oral tablet)(Hx): 800 mg, PO, twice daily
- hydrochlorothiazide-lisinopril (hydrochlorothiazide-lisinopril 12.5 mg-10 mg oral tablet)(Hx): 1 tab, PO, daily
- isosorbide mononitrate (isosorbide mononitrate 30 mg oral tablet, extended release)(Hx): 30 mg, PO, daily
- nitroglycerin (nitroglycerin 6.5 mg oral capsule, extended release)(Hx): 6.5 mg, PO, bedtime !
- nitroglycerin (Nitrostat 0.4 mg sublingual tablet)(Hx): 0.4 mg, SL, every 5 minutes, (not to exceed 3 doses/15 min--if pain persists, seek medical attention)
- nortriptyline (nortriptyline 75 mg oral capsule)(Hx): 75 mg, PO, bedtime
- omeprazole (omeprazole 20 mg oral enteric coated capsule)(Hx): 20 mg, PO, twice daily
- phenytoin (phenytoin 100 mg oral capsule, extended release)(Hx): 200 mg, PO, twice daily
- potassium chloride(Hx): 40 mEq, PO, daily
- simvastatin (simvastatin 40 mg oral tablet)(Hx): 40 mg, PO, bedtime
- verapamil (verapamil 120 mg oral tablet)(Hx): 120 mg, PO, twice daily

Family History: No family history of GI malignancy or liver disease

Social History This information as of 12:55 on 10/10/18.

- Tobacco Assessment
Never smoker
- Alcohol Assessment
Denies Alcohol Use
- Substance Abuse Assessment
Denies Substance Use

Physical Examination:

Printed by: Carthorn, Lakeisha W
Printed on: 10/11/2018 13:55 EDT

Page 2 of 4
(Continued)

Exhibit A - PAGE 17 (4)

10/22/18
C. Sarrow

Health System

Virginia Commonwealth University

MCV Hospitals and Physicians

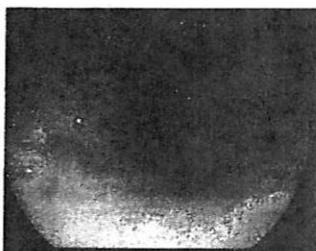
Patient Name:	James Raynor	Procedure Date:	8/21/2018 3:17 PM
MRN:	4542402	Account Number:	706172566745
Date of Birth:	5/15/1960	Admit Type:	Outpatient
Age:	58	Note Status:	Finalized
Attending MD:	DOUMIT S BOUHAIDAR, MD	Instrument Name:	1G391H170

Diffuse mild inflammation characterized by erythema was found in the entire examined stomach.

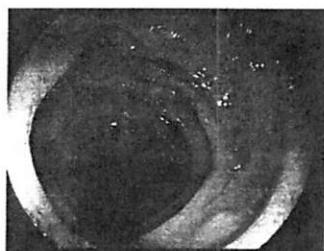
The examined duodenum was normal.

No drains or tubes remain after this procedure. No devices, grafts, tissues, transplants were implanted during this procedure. No specimens were removed during this procedure.

Add'l Images:



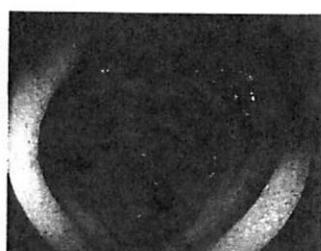
1 Gastric Body



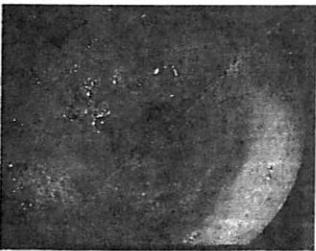
2 2nd Portion of the Duodenum



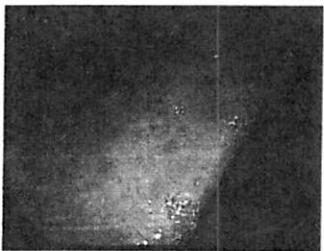
3 2nd Portion of the Duodenum



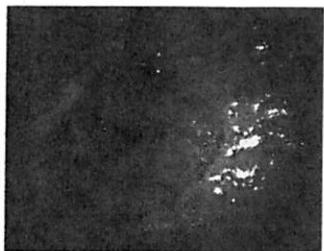
4 Upper Gastrointestinal Tract



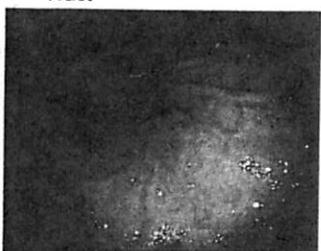
5 Gastric Body



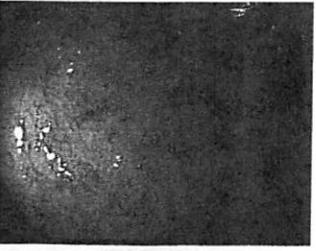
6 Lesser Curvature



7 Gastric Body



8 Gastric Body



9 Duodenal Bulb

Impression: - Normal esophagus.
- Gastritis.
- Normal examined duodenum.
- No specimens collected.

Complications: No immediate complications.

*Schreyer
10/22/19*

G I ENDOSCOPY

Case 1:21-cv-00782-LMB-WEE Document 1-2 Filed 07/01/21 Page 18 of 49 PageID# 86
EXHIBIT B

~~NOTICE OF MEDICAL VIOLATION
BY MEDICAL DOCTOR AT L.V.C.C. UNDER STATE AND FEDERAL LAWS
UNDER U.S. CONSTITUTIONAL LAW
8TH AMENDMENT: DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS~~

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. An Informal Complaint is not required for an alleged incident of sexual abuse.

Rabbi: JAMES H. RAYnor

Offender Name

1007103

Offender Number

L.V.C.C. HU-70-71-109

Housing Assignment

MEDICAL DOCTOR IN L.V.C.C. MEDICAL UNIT DEPARTMENT:
Individuals Involved in Incident

11-5-20 | Around 7:40 PM
Date/Time of Incident

- Unit Manager/Supervisor
 Personal Property
 Medical Administrator

- Food Service
 Commissary
 Other (Please Specify):

- Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): ON THE ABOVE DATE & TIME, THE MEDICAL DOCTOR AT L.V.C.C. MEDICAL UNIT DID WITH COMMON KNOWLEDGE VIOLATED STATE AND FEDERAL LAWS UNDER THE 8TH AMENDMENT FOR DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS; VIOLATION OF STATE LAW & POLICY UNDER OPERATING PROCEDURE 801.3 PAGE #111, OF #13, MANAGING OFFENDERS WITH PHYSICAL IMPAIRMENT DISABILITIES; "ANY DISORDER OR CONDITION OF THE BODY'S SYSTEMS, SUCH AS DEFINDED UNDER THE DIGESTIVE SYSTEMS SUCH AS SEVER" GASTRO - ESOPHAGAL ACID REFLUX DISEASE" (G.E.R.D.) "SEVER GOUT" FROM HIGH PROTEIN FOODS THAT CAUSES EXTREM DELIRIATING PAIN & SUFFER. FEDERAL LAWS UNDER THE AMERICANS WITH DISABILITIES ACT SECTION: 12102 PAGE#7, PART (B) MAJOR BODILY FUNCTIONS SUCH AS THE DIGESTIVE SYSTEM, SUFFERING FROM GASTRO - ESOPHAGAL ACID REFLUX DISEASE; SUPPORT BY PRISON MEDICAL RECORDS: OF OCT. 10th - 2018, + 2011; LEGAL CASE LAW SUPPORTING IS "VERAC V. ELYEA 117 F. SUPP. 2d, 1211, 1215 (N.D. Ill 2000), WHERE PRISON DOCTORS REFUSED & DECLINED TO FOLLOW THE RECOMMENDATIONS OF OUTSIDE SPECIALIST, WHICH THEY WERE NOT: PLAINTIFF HAD HIS EXPERT OUTSIDE SPECIALIST WITNESSES AND HEART DISEASE THAT CAN CAUSE CANCER, AI AND WILL TESTIFY TO INJURY, PAIN & SUFFERING, AND THAT THE ISSUES RAISED CAN CAUSE ESOPHAGEAL TUMORIES;

Offender Signature: Rabbi: James H. Raynor

Date 11-5-20 at 7:40 PM OTHER MEDICAL INJURIES:

Date Received:

Offenders - Do Not Write Below This Line

Tracking # _____

Response Due:

Assigned to: _____

Action Taken/Response:

PLEASE BE ADVISED THAT I HAVE PRESENTED YOUR DIETARY CONCERNS TO THE FACILITY PHYSICIAN & HAVE ALSO REQUESTED GUIDANCE FROM (LVA DOC CHIEF PHYSICIAN "DR AMONETTE") REGARDING YOUR DIET. I WILL LET YOU KNOW AS SOON AS I RECEIVE ANY INFORMATION REGARDING DIETARY CHANGES.

R. Yarger
Respondent Signature

C. Yarger RN, RHSM

GEO Secure Services

Eastern Regional Office

Printed Name and Title

11/10/20
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

Revision Date: 4/28/17



PROOF OF RECEIPT
BEING TAKEN FOR CRIMINAL PRACTICE
COVERED: To With Hold Medical ordered
Food, N.P.A. McCURMICK HERSELF ORDERED AND
PLAINTIFF NEEDS FOR HIS GASTRO- Informal Complaint 866_F3_4-17
DEPARTMENT OF CORRECTIONS ESOPHAGEAL ACID REFLUX DISEASE:

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Rabbi: JAMES H. RAYnor

Offender Name

1007103

HU-70-71-109

Offender Number

Housing Assignment

N.P.A. McCURMICK / Mr. ALVARADO H.S.A.

Individuals Involved in Incident

10-26-20 16:00 AM

Date/ Time of Incident

- Unit Manager/Supervisor
 Personal Property
 Medical Administrator

- Food Service
 Commissary
 Other (Please Specify): Mr. Brecken: Facility Admin:

- Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): N.P. ms. McCURMICK & Mr. ALVARADO H.S.A. ARE WILLFULLY AND WITH MALICE ENTITLED VIOLATING STATE & FEDERAL LAWS: UNDER STATE LAW OF THE A.D.A. OPERATING PROCEDURE 801.3 MANAGING OFFENDER'S WITH PHYSICAL DISABILITIES: DATED AUGUST - 1 - 2014 PAGE A(11). OF C(13). PHYSICAL IMPAIRMENT" UNDER THE CONDITION OF THE BODY'S DIGESTIVE SYSTEM: FEDERAL LAW'S UNDER SECTION 12102 UNDER THE A.D.A. AS DEFINED ON PAGE IS (7). PART (B) MAJOR BODILY FUNCTIONS: SUCH FUNCTIONS OF THE IMMUNE SYSTEM, AND FUNCTIONS OF THE DIGESTIVE SYSTEM: PLAINTIFF WAS GIVEN A MEDICAL ORDER TO STAY AWAY FROM FOODS THAT CAUSES EXTREM ACID REFLUX: THE ORDER WAS NO PEANUT BUTTER, NO FISH, NO BEANS, NO O.J. NO APPLES NO RED TOMATO SAUCE; NO SALMIKA THIS WAS ORDERED BY BOTH MEDICAL STAFF: PLAINTIFF'S EXPERT WITNESSES THAT HE NEEDED TO HELP STOP HIS EXTREM ACID REFLUX. HE NEEDED TO CHANGE HIS DIET: DR. U. THE DOCTOR AT VCU WHO TREATED PLAINTIFF'S ACID REFLUX, AND THE 21ST AS IN FEDERAL CASE LAW VERSE V. LVCC 113 F. SUPP. 2d 1214, 1215 (N.D. II-2009) THE FEDERAL COURTS HELD PRISON DOCTORS WHO DECLINED TO FOLLOW OUTSIDE SPECIALIST RECOMMENDATIONS WAS IN

Offender Signature Rabbi: James H. Raynor

Date 10-26-20

LEGAL DELIBERAT.

Offenders - Do Not Write Below This Line

ENDURANCE
TO PRISONER'S NEED

Date Received: 10. 27 - 20

Tracking # LVCC 20 Jr 408488

Response Due: 11-10-20

Assigned to: Medical

Action Taken/Response:

PLEASE BE ADVISED THAT I HAVE MADE YOUR DIETARY REQUESTS KNOWN TO DR AMONETTE IN WRITING AS REQUIRED BY DOC POLICY. DR AMONETTE DECLINED TO GRANT YOUR DIET REQUEST. I EXPLAINED OUR DISCUSSION & SHARED YOUR NOTES FROM YOUR APPOINTMENT.

C/H
Respondent Signature

C. Yarger RN, RHSM
GEO Secure Services
Eastern Regional Office Name and Title

11/20/20
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____ **RECEIVED** OCT 27 2020

Staff Witness Signature: _____ Date: _____

LVCC 20 Jr 408488 DE

EXHIBIT - (G) - (3)



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

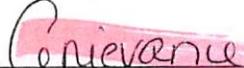
DOC Location: LVCC Lawrenceville Correctional Center

Report generated by Jones, C

Report run on 10/23/2017 at 12:29 PM

Grievance Number: LVCC-17-INF-03284

Next Action Date: 11/7/2017 12:00 AM

On this date:	10/23/2017	I have received a statement from:
Raynor, James H	1007103	Lawrenceville Correctional Center of 70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>For over a full month and a half the handicap shower has been turned off. As such I have had to use the small showers I am a handicap inmate. On 9/24/17 I slipped in the small shower due to a small piece of soap. I severely hurt my knee cap and has been in extreme pain. On 10/18/17 my knee gave up on me in the small shower on the back knee cap and broke the skin open and put a sore on my bad knee cap. I am not suppose to be in the small shower. I am a handicap inmate and need the handicap shower so I can sat so I don't fall plus I have a spine injury that warrants me to use the handicap shower. There is no reason what so ever for the handicap shower to be turned off for a month and half. Please be advised today 10/20/17 after 3 times of asking HU 70 manager Mr. Jones to try and get them turned back on to no avail. I contacted my attorneys to file court order to have this evidence photoed and video taped for court as legal evidence as was done at Sussex 2 SP.</p>		
		
(Signature)		(Title)

DATE I INJURED MY RIGHT
KNEE CAP - 9-24-17:

WENT OUT FOR MRI, I WAS TOLD I NEED
SURGERY FOR MY RIGHT KNEE CAP, NO FOLLOW UP
OR SURGERY WAS DONE:



MCV Hospitals and Physicians

Exhibit-(G)-part #21.

Patient Name:	James Raynor	Procedure Date:	8/21/2018 3:12 PM
MRN:	4542402	Account Number:	706172566745
Date of Birth:	5/15/1960	Admit Type:	Outpatient
Age:	58	Note Status:	Finalized
Attending MD:	DOUMIT S. BOUHAIDAR, MD	Instrument Name:	L1C709G163

Procedure: Colonoscopy
Indications: High risk colon cancer surveillance Personal history of colonic polyps, Surveillance: Personal history of colonic polyps (unknown histology) on last colonoscopy more than 5 years ago, Surveillance: Personal history of colonic polyps with unknown histology on last colonoscopy (inadequate bowel preparation) less than 3 years ago, Last colonoscopy: January 2011
Providers: DOUMIT S. BOUHAIDAR, MD (Doctor), JOSEPH STAPLEY REDMAN, MD (Fellow), Jonathan King (Nurse), Marcia Chambers
Patient Profile: This is a 58 year old male.
Referring MD: DANIEL M. CALHOUN, MD (Referring MD) LAWRENCEVILLE CORRECTIONAL CENTER 1607 PLANTERS RD LAWRENCEVILLE, VA 23868
Requesting Provider:
Medicines: Fentanyl IV 200 mcgs, Versed IV 8 mgs
Procedure: Pre-Anesthesia Assessment:
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician, the nurse and the technician in the pre-procedure area in the procedure room in the endoscopy suite. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation / analgesia (conscious sedation). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.
After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Colonoscope was introduced through the anus and advanced to the terminal ileum. Any specimens taken will be listed below in the Findings section of the note. If there are no specimens listed in Findings, then no specimens were taken. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was good.

Attending Participation:

I was present and participated during the entire procedure, including non-key portions.

Findings:

Multiple small and large-mouthed diverticula were found in the sigmoid colon.

10/22/18
C Schow MD

Exhibit C-~~SECRET~~(1).VIRGINIA
DEPARTMENT OF CORRECTIONS(S.E.N.C.E - JUNE - 2020
(C.P.A.P.
MACHINE DENIED FOR (8) MONTHS)

Emergency Grievance 866_F4_4-16

Emergency Grievance Log # 157837

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Offender Last Name	Raynor	First	JAMES	Number	H 1007103	Facility	LVCC	Building-Cell/Bed	HU-70-71-109
--------------------	--------	-------	-------	--------	-----------	----------	------	-------------------	--------------

PART A- OFFENDER CLAIM

What is the emergency? *MEDICAL SUPERVISORS, FOR DENYING ME MY A.D.I.T. MEDICAL EQUIPMENT. THAT IS UNDER COURT ORDER FOR ME TO HAVE, MY C.P.A.P. MACHINE, FOR (6) MONTHS, AND BY THIS UNLAWFUL DENIED A.D.I.T. DURABLE MEDICAL EQUIPMENT, AND THE FACT "LAST NIGHT" I STOPPED BREATHING AND HAD TO HAVE MY CELLY WAKE ME BEFORE I LOST MY LIFE. MEDICAL SUPERVISOR'S IS AND HAS AND KEEPS PUTTING MY LIFE AT SERIOUS RISK OF HARM OR INJURY: IN VIOLATIONS OF U.S. CONSTITUTIONAL LAW OF THE 8TH AMENDMENT FOR DELIBERATE INDIFFERENCE OF MY SERIOUS MEDICAL NEEDS: ALSO VIOLATING FEDERAL COURT ORDERED SETTLEMENT AGREEMENT CONTRACT PAGE A (2), LINE (3). AND ALSO COMMITTING CRIMINAL FRAUDULENT CONVERSION TO WITH HOLD MY PERSONAL PROPERTY: DUE TO TWO LEGAL FACT'S, I TURNED MINE IN FOR REPLACEMENT DUE TO SEWER WATER DAMAGE: ON JUN 2020: P (2). IN FEB-2017 A SLEEP STUDY TEST WAS DONE FOR (2) NIGHTS AT SOUTH HAMPTON: AND WITH HOLDING MY C.P.A.P. FROM ME IS "STUPID" AND PUTTING MY LIFE IN DANGER OF SERIOUS RISK OF HARM: MEDICAL SUPERVISOR'S HAS COMMUNICATED KNOWLEDGE OF THIS: AND LEGAL ACTIONS ARE BEING TAKEN: DEATH: 11-4-20 9:20 AM Ralph James Raynor 1007103*

Date/Time

Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
 Submit Informal Complaint Evaluated by Medical: Date Seen _____
 Submit Sick Call Request Send an Offender Request To: _____
 Submit Request to Dental Other (Provide detailed explanation below)

PLEASE BE ADVISED THAT IN CONSULTATION WITH THE PHYSICIAN, YOU WILL BE ADMITTED INTO MEDICAL OBSERVATION TO MONITOR YOUR APNEA & O2 SATURATION. YOUR APPOINTMENT TO RECEIVE THE REPLACEMENT

- Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported Other (Provide detailed explanation below)

CPAP WILL BE OCCURRING SOON! BE AWARE THAT IN ORDER FOR US TO PROVIDE A NEW CPAP WE MUST FIND A NEW SLEEP STUDY TO HAVE THE MACHINE CALIBRATED.

C. Yarger RN, RHSM

Date/Time

Respondent Signature

GEO Secure Services

Eastern Regional Office

- PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by:

Signature

Name/Title Printed

Date/Time



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report

VACORIS C - #.0

DOC Location: LVCC Lawrenceville
Correctional Center

Report generated by Jones, C

Report run on 11/05/2020 at 11:16 AM

*Exhibit - C -*Grievance Number: LVCC-20-INF-03543Next Action Date: 11/20/2020 12:00:00 AM

On this date:	11/05/2020	I have received a statement from:
Raynor, James H 1007103 of		Lawrenceville Correctional Center Inf-01-01-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
warrant will be issued for replacement of cpap machine.		
 (Signature)		Grievance Coordinator

MY RE-FUSED

C. P. A.P.

mechincE

For (8) months

SENCE JUNE - 2020

Officer Initials: _____

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. An Informal Complaint is not required for an alleged incident of sexual abuse.

Rashid James H. Rutherford

Offender Name

1007103

14-70-71-103

MEDICAL RECORDS DEPARTMENT:

Offender Number

Housing Assignment

Individuals Involved in Incident

11-11-201 AT 4:00 PM

Dated Time of Incident

- Unit Manager/Supervisor
- Personal Property
- Medical Administrator

- Food Service
- Commissary
- Other (Please Specify):

- Institutional Program Manager
- Mailroom

Briefly explain the nature of your complaint (be specific): PLEASE BE ADVISED, ON 8-12-20, AND ON 10-7-20, I FILED (2) NOTICES ALONG WITH MONEY W.R.D.A.W FOR MEDICAL RECORDS OF: (1) (1). A SLEEP STUDY TEST THAT WAS DONE AT SOUTH HAMPTON BY "NANLY" THE TEST TELK: (2) - A MEDICAL RECORD COPY OF MY MEDICAL DIET ORDER OF 4-21-20; (3) A COPY OF MY MEDICAL RECORD'S OF MY MEDICAL DIET ORDER OF 8-12-20, AND COPY OF THAT MEDICAL VISIT DEALING WITH MY ISSUES AT THAT VISIT. AT THIS POINT I'M GIVEN MEDICAL RECORDS UNTIL 11-13-20 AT 4:00 PM. TO COME UP WITH MY MEDICAL RECORDS, OR ON MONDAY 11-16-20, A FORMAL LEGAL DOCUMENT, TO BE FILED WITH MY ATTORNEYS TO THE COURT FOR UNLAWFULL WITH HOLDING MATERIALE EVIDENCE FROM THE COURT UNDER CRIMINAL CONTEMPT TO WITH THE UNDER U.S. CONSTITUTIONAL LAW'S OF THE 14TH AMENDMENT UNDER DUE PROCESS OF THE LAW (90) DAY'S PARTED IS SUFFICIENT TIME TO HAVE OBTAINED SAID MEDICAL DOCUMENT. A FORMAL COPY OF THIS LEGAL NOTICE HAS BEEN SENT OUT TO MY ATTORNEYS AT BAILEY LAW FIRM FOR PROCESSING MONDAY 11-16-20, =E DOCUMENT; IS NOT OBTAINED BY 11-13-20 AT 4:00 PM

Offender Signature Rashid James Rutherford

Date 11-12-20

Offenders - Do Not Write Below This Line

Date Received:

Tracking #

Response Due:

Assigned to:

Action Taken/Response:

MY REFUSED C.P.A.P. MACHINE
 FOR (8) MONTHS FROM JUNE - 2020

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report*Exhibit - C -*

VACORIS C - #.0

DOC Location: LVCC Lawrenceville
Correctional Center

Report generated by Jones, C

Report run on 10/27/2020 at 01:34 PM

Grievance Number: LVCC-20-INF-03435Next Action Date: 11/11/2020 12:00:00 AM

On this date:	10/27/2020	I have received a statement from:
Raynor, James H 1007103 of		Lawrenceville Correctional Center 70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Has been refused a cpap machine since June 2020.		
<i>C Jones</i> (Signature)		Grievance Coordinator

Officer Initials: _____



Exhibit - C - **RESPONSE THAT SELF ADMITS
COMMON KNOWLEDGE OF SERIOUS
RISK OF HARM OR INJURY:** Emergency Grievance 866_F4_4-16

VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance Log # 158136

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Offender Last Name	First	Number	Facility
<u>RAYNOR</u>	<u>Rabbi: JAMES</u>	<u>A 1007103</u>	<u>LVCC</u>
			<u>H4-70-71-109</u>
			Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency?

I HAVE BEEN OUT OF MY MEDICAL SUPPLYS FOR (3) WEEKS, MY
BABY WIPES, ! I'VE BEEN OUT OF WATER FOR MY C.P.A.P. FOR A FULL WEEK + HALF:
OUT OF MY EXCIDERIN FOR MIGRAINES FOR (3 1/2) WEEKS, AND MY MOTRIN FOR MY
SPINE FOR (4) MONTHS NOW WITH OUT ANYTHING TO HELP: I KEEP GETTING PEOPLE
AND STAFF TELLING ME IT WILL BE TAKING CARE OF AND I STILL HAVE TO DEAL WITH ALL
THE DEBILITATING PAIN ON MY OWN: PUTTING MY HEALTH AND LIFE MEDICALLY IS NOT
A JOKE: I'M TIRED AND I'M IN PAIN, AND FORMAL LEGAL ACTIONS WILL BE TAKEN: COPIES ARE
SENT OUT FOR EXHIBITS.

4-27-21

9:47 AM

Date/Time

Rabbi: James Raynor 1007103

Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- Submit Informal Complaint Evaluated by Medical: Date Seen _____
 Submit Sick Call Request Send an Offender Request To: _____
 Submit Request to Dental Other (Provide detailed explanation below)

→ 4/27/2021: Admin aware of supply needs : Dr order Excedrin should be
here. Friday. - No order for motrin you have Tylenol order.
Take Care Mr Raynor.

- Your grievance has been determined to be an emergency and the following action has been taken:
- Sent to Hospital: Date Transported Other (Provide detailed explanation below)

1580

4/27/2021

Date/Time

Respondent Signature

B. Russell Jr

Name/Title Printed

- PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or
Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by:

Signature

Name/Title Printed

Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report*Exhibit-D-(3)*

VACORIS C - #.0

DOC Location: LVCC Lawrenceville
Correctional Center

Report generated by Jones, C

Report run on 02/26/2021 at 11:28 AM

Grievance Number: LVCC-21-INF-00492Next Action Date: 3/13/2021 12:00:00 AM

On this date:	02/26/2021		I have received a statement from:
			Lawrenceville Correctional Center
Raynor, James H	1007103	of	70-71-109-109-T
(Offender Name and DOC#)			(Filed Location and Housing)
Setting out the following complaint:			
For 7 weeks you have not been provided with baby wipes for your medical issues.			
<i>C Jones</i> (Signature)		<i>Grievance</i>	

Officer Initials: _____



The GEO Group, Inc.

FORMAL LEGAL NOTICE OF ACTION
NEEDED BY MEDICAL DEPARTMENT

Exhibit - D-(2)

LAWRENCEVILLE CORRECTIONAL CENTER

Lawrenceville, VA

ROUTINE

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

Offender Request

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

D	RECEIVED
4-26-21	
JW 1005	

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	RABBI R JAMES	H.	# 1007103	HU-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
N/A.	MS. JONES			4-24-21

- TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Dental Security
 Chaplain Facility Admin. Asst. Facility Admin. Chief of Housing & Programs Maintenance
 Other Accounting

CHECK PURPOSE

- Appointment Request Question/Statement ms.King, H.S.A./Mr.YAGH, R.H.S.M

CAN I PLEASE GET MY BABY WIPES EVERY WEEK LIKE I'M SUPPOSED TO GET THEM
 PER MY FEDERAL SETTLEMENT AGREEMENT CONTRACT BY GEO-GROUP INC AND MYSELF.
 I HAVE ONLY FOR SOME REASON OR THE OTHER GET THEM (1) ONCE A MONTH. "I WAS TOLD
 TO GET THEM ON SUNDAY'S" I GET THERE AT MEDICAL THAT DON'T HAVE THEM, THEY TELL
 ME COME BACK ON MONDAY'S" THEN I'M TOLD THE PERSON WHO HAS THEM IS GONE
 AND AGAIN I DON'T GET THEM, IN FACT MS. KING THE LAST ONE'S I GOT YOU GAVE ME
 IN THE BACK HALL WAY: NOT GETTING THE MEDICAL ITEM'S OR EQUIPMENT VIOLATES
 AND DEFAULTS THE FEDERAL SETTLEMENT AGREEMENT CONTRACT BY GEO-GROUP INC AND
 MYSELF. I CAN'T KEEP GOING ON LIKE THIS, I'M ACTING IN GOOD FAITH, AND I'VE BEEN
 RESPECTFUL, + UNDERSTANDING, BUT THIS HAS TO CHANGE TO HELP THIS ISSUE: PLEASE MEET
 DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE WITH ME WITH MR.

RESPONSE

Request sent to correct department Yes No; Routed to:

Date:

Supplies are issued on Sunday's and you have been added to master plan

ffender seen: Yes No
Wright
 Official Responding

4-26-21

Date of Response



The GEO Group, Inc.

LAWRENCEVILLE CORRECTIONAL CENTER

Lawrenceville, VA

Exhibit - D-(1)

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	RABBI JAMES	H	1007103	HU-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
NIA				NOV-25TH-2020

TO: Unit Manager Medical ^{SELF} med's Personal Property Law Library
 Treatment Mental Health Education Dental Security
 Chaplain Facility Admin. Asst. Facility Admin. Chief of Housing & Programs Maintenance
 Other Accounting

CHECK PURPOSE Appointment Request Question/Statement

RX 27752532-1 1007103
 RAYNOR, JAMES 345 QTY 60
 IBUPROFEN (MOTRIN) 800MG TAB

I NEED TO GET THIS MEDICATION FILLED, I'M OUT OF IT
 AND I NEED MY BABY WIPES, I'M OUT AND NEVER GOT LAST WEEK
 OR THIS WEEK UP TO THIS POINT! THANK YOU FOR YOUR TIME
 GOD BLESS + KEEP YOU SAFE
 FROM COVID-19.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: pharmacy Date: 11-30-20
Your order expired 10-11-20. You will be scheduled for sick call.

Offender seen Yes No

K. Garrison
 Official Responding

11-30-20

Date of Response

Exhibit-CE)-1



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: LVCC Lawrenceville Correctional Center

Report generated by Bridgeford, A

Report run on 07/09/2020 at 09:47 AM

Grievance Number: LVCC-20-INF-02216Next Action Date: 07/24/2020 12:00 AM

On this date:	07/09/2020	I have received a statement from:
Raynor, James H	1007103	Lawrenceville Correctional Center of 70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
You were refused your seizure medication		
"A. Green"	= (Signature) =	"Jobs Coordinator" Not GRIEVANT = = (Title) = COORDINATOR

I WAS REFUSED MY SEIZURE MEDICATION DUE TO SECURITY CHIEF PARKER NOT LETTING NURSES BRING IN MEDICATION FOR MY SEIZURE.

FORMAL LEGAL NOTICE OR ACTIONS
BEING TAKEN:

EXHIBIT-(E)-2

VIRGINIA
DEPARTMENT OF CORRECTIONSSTILL 5-11-21 NO PAIN
MEDICATION FOR/TREATMENT
For my SPINE INJURY:

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Rabbi: JAMES H. RAYNER # 1007103

Offender Name

Offender Number

HU-70-71-109

Doctor, And Medical Staff Supervisor H.S.A.

Individuals Involved in Incident

Housing Assignment

(4-3-20) 17:00 AM

Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): To: Mr. ALVARADO H.S.A.

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): *TODAY I ALMOST FELL (2) TIMES, DUE TO THE ON GOING EXTREM DEBILITATING PAIN I'M STAYING IN, IN MY SPINE DUE TO NOT GETTING ANY PAIN MEDICATION WHAT SO EVER! I HAVE LET DOCTOR T. KNOW, A NUMBER OF NURSES, I'M STAYING IN EXTREM DEBILITATING PAIN IN MY SPINE: AND FOR ALMOST (2) FULL MONTHS I'VE BEEN DENIED ANY PAIN MEDICATION TO HELP WITH THIS PAIN. MY SPINAL INJURY CONDITION IS CAUSING ME TO FALL MORE: THIS MORNING I ALMOST FELL (2) TIMES WAITING IN THE TOILET: I'VE TRIED TO BE PATIENT, I SEEN DOCTOR T. I STILL HAVE NOT RECEIVED ANY PAIN MEDICATION FOR MY SPINE: I HAVE LET DOCTOR T. KNOW I'VE NOT BEEN ABLE TO USE THE TOILET TO RELEASE MY BOWELS, IN (2) MONTHS I USED THE TOILET (2) TIMES: SHE SAID SHE ORDERED THESE THINGS BUT YET I'VE NOT SEEN OR BEEN GIVEN ANYTHING FOR THE ISSUES: SHE ALSO PUT IN MY MEDICAL RECORDS I CAN'T EAT FIS BEANS, OR PEANUT BUTTER DUE TO MEDICAL CONDITION AND I STILL NOT GOT THAT DOCTOR T. GATHER: BUT I WILL BE CONTACTING MY ATTORNEY'S AND THE COURT: I'VE WRITTEN H.S.A. MR. ALVARADO (4) REQUEST I'M NOT SURE IF HE GOT THEM OR NOT. HE TOLD ME IF I NEED HELP*

Offender Signature *Rabbi: James H. Rayner*

Date 4-3-20

WRITE TO HIM AND

I HAVE NO OTHER WAY BUT
EVE DONE THAT

Offenders - Do Not Write Below This Line

BY LEGAL ACTION TO GET ANY HELP

Date Received: 4-7-20

Tracking # LVCC20Info1250

Response Due: 4-21-20

Assigned to: Medical

Action Taken/Response:

*MV Raynor,**Please come some. (4/21/20)**@ 11:00*Respondent Signature *Alvado*Printed Name and Title *DO DOCTOR*Date *4/15/20***WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

LVCC GRIEVANCE Revision Date: 4/28/17

RECEIVE APR 07 2020

EMER. GRIEVANCE LOG # 145780

VIRGINIA

DEPARTMENT OF CORRECTIONS

Exhibit - CF)

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Rohbi: JAMES H. RAYNEROffender Number: # 1007103Housing Assignment: HU-70-71-109Individuals Involved in Incident: MEDICAL DEPARTMENTDate/ Time of Incident: 4-3-20 1:00 PM

- Unit Manager/Supervisor
 Personal Property
 Medical Administrator

- Food Service
 Commissary
 Other (Please Specify): _____

- Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): ON 4-3-20 AT 1:00 PM I FILED AN EMERGENCY GRIEVANCE LOG # 145780, FOR MEDICAL ISSUES. AS OF TODAY 4-4-20 I HAVE NOT GOT NO REPLY BACK FROM THAT EMER. GRIEVANCE O.P. IS BEING BROKEN, AND I STILL HAVE NO MEDICAL HELP: AND I'M STILL IN EXTREM DEBILITATING PAIN IN MY SPINE, AND FAILING

Offender Signature: Rohbi: James H RaynerDate: 4-4-2020 AT 10:45 AM.**Offenders - Do Not Write Below This Line**Date Received: 4-7-20Tracking # LVCR20Inf01248Response Due: 4-21-20Assigned to: Medical

Action Taken/Response:

Mr Rayner Please come see me,
04/21/20 @ 11e60

Respondent Signature: A. Duran Alvarado/HSAPrinted Name and Title: A. Duran Alvarado /HSADate: 4-15-20**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: 1PR 07 2020

Staff Witness Signature: _____

Date: _____



LAWRENCEVILLE CORRECTIONAL CENTER

The GEO Group, Inc.

Lawrenceville, VA

Exhibit - (P)-1

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

FORMAL LEGAL NOTICE OF INT'L
FOR CRIMINAL INVESTIGATION,
ON GOING VIOLATIONS UNDER U.S. CONSTITUTION AND LAWS OF THE 8TH
AMENDMENT FOR CRUEL AND UNUSUAL
PUNISHMENT FOR DELIBERATE INHUMANE
TREATMENT OF OFFENDER.
CONSTITUTIONAL LAWS OF THE 8TH
AMENDMENT FOR CRUEL AND UNUSUAL
PUNISHMENT FOR DELIBERATE INHUMANE
TREATMENT OF OFFENDER.
SOSCIC
MEDICAL
NEEDS

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi James	H.	1007103	HU-70-71 108
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
N/A	MS. GREEN			114-10-2021

TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Dental
 Chaplain Warden Asst. Warden Operations Asst. Warden Programs
 Other Mr. ALVARADO H.S.A. Security
 Maintenance Accounting

CHECK PURPOSE

Appointment Request Question/Statement Mr. ALVARADO, sir this REQUEST WILL BE THE LAST REQUEST I SEND YOU: I HAVE SENT (3) OTHER REQUEST, AND (2) INFORMAL COMPLAINTS, I'VE BEEN TRYING TO MEET WITH YOU, DUE TO SOME SERIOUS ISSUES WITH STAFF IN MEDICAL DEPARTMENT: AND ON GOING MEDICAL ISSUES THAT IS BEING IGNORED, THAT IF IT CAN NOT BE ADDRESSED WITHIN THE NEXT (5) DAYS, I WILL HAVE MY ATTORNEY'S PUT IN THE U.S. DISTRICT COURT AND U.S. DEPARTMENT OF JUSTICE, AS WELL TO THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICE, TWO FEDERAL RELEVANT EMERGENCY WARNTS # (1). UNDER EXCEPTIONAL CIRCUMSTANCES FOR A PHYSICAL LEGAL INVESTIGATION OF MY MEDICAL RECORDS, TREATMENT PROCESS, MEDICATIONS PROCESS, AND PHOTO EVIDENCE WITH FEDERAL SUBPOENAS!! WHERE THEY WILL COME HERE LIKE AT SUESYK - 2 - S.P. CLOSE MEDIC DOWN WHILE INVESTIGATING & PHOTOS OF MY MEDICAL RECORDS, AND TREATMENT'S I'VE NOT HAD; THEY WILL COLLECT COLLECT MATERIAL EVIDENCE, AND SWORN AFFIDAVITS BY OTHER INMATES GOING THROUGH THE SAME ISSUES. OF (2), THEY WILL INVESTIGATE ADLEXARIN WHY UNLAWFUL DEPRIVATION OF NEEDED MEDICATION'S AND TREATMENT IS BEING DENIED, UNDER 8TH AMENDMENT AND FIND OUT WHY "MYSELF" AND OTHER INMATE'S ARE BEING DENIED MEDICAL CARE AND MEDICATIONS; WHEN WE TALKED I TOOK YOU AS A MAN OF YOUR WORD, BUT FOR MONT I'VE BEEN DENIED MY PAIN MEDICATION'S FOR MY SPINE, AND I KEEP RUNDING OUT OF MY FAITH I'M TRYING TO MEET WITH YOU AGAIN TO CLEAR UP THE ISSUES, BEFORE FILING COURT DOCUMENTS TO PUSH THE MEDICAL NEEDED ISSUES. BUT IN (5) DAYS MY ATTORNEYS WILL USE WHAT IS NEEDED TO PROTECT MY HEALTH AND LIFE.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to:HSDDate: 04/23/20

Mr Raynor please come see me

04/15/20 @ 1600

Offender seen Yes No

SP Deven A. Green
Official Responding

04/13/20
Date of Response



LAWRENCEVILLE CORRECTIONAL CENTER

The GEO Group, Inc.

Lawrenceville, VA

EXHIBIT-(E)-1

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
 2. Please Print your request; KEEP IT BRIEF
 3. Drop in the appropriate Mail Box

Offender Request

PART II (2).
TO MR. ALVARADO H.S.P.

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi: JAMES	H.	# 1007103	HU-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
N/A	Ms. Green		4-16-20	

TO: Unit Manager Medical Personal Property Law Library Security
 Treatment Mental Health Education Dental Maintenance
 Chaplain Warden Asst. Warden Operations Asst. Warden Programs Accounting
 Other _____

CHECK PURPOSE

Appointment Request Question/Statement

Mr. ALVARADO: The (5) working days is all I can give at this point. I'm in extreme debilitating pain, my spine is getting more worse, my migraines are getting more sever and uncontrollable because of not getting my medication's. At this point my attorneys are ~~pushing~~ pushing for me to let them take legal action. I asked them to give me 3 (5) working days to meet with you. After that they will take over and do what they do best.

THANK YOU FOR YOUR TIME

God BLESS, BE SAFE.

PLEASE MEET WITH ME SOON AS YOU CAN!

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No: Routed to:

Offender seen Yes No

Official Responding

Date of Response

Case 1:21-cv-00782-LMB Document 12 Filed 07/01/21 Page 37 of 49 PageID# 105
Form 12 Legal Document 12 Filed 07/01/21 Page 37 of 49 PageID# 105
BEING TAKEN ON MEDICAL DEPARTMENT
DEPARTMENT OF CORRECTIONS FOR LIFE ENDANGERMENT OR Informal Complaint 866_F3_4-17
ON GOING REFUSAL FOR MEDICATION

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Rabbi: JAMES H. Raynor

Offender Name

1007103

MEDICAL PILL CALL STAFF

Individuals Involved in Incident

Offender Number

H4-70-71-109

Housing Assignment

12:37 AM

6-19-2016-20-2017 from 7:00 AM until 12:37 AM

Date/Time of Incident

- Unit Manager/Supervisor
- Personal Property
- Medical Administrator

Food Service

Commissary

Other (Please Specify):

- Institutional Program Manager
- Mailroom

Briefly explain the nature of your complaint (be specific): *From 6-19-20 AT 7:00 AM UNTIL 6-20-20 AT 12:37 AM I WAS REFUSED MY SEIZURE MEDICATIONS: H4-70 SECURITY STAFF CALLED MEDICAL DEPARTMENT MANY TIMES FROM 9:00 AM ON 6-19-20 UNTIL 6-20-20 UNTIL 12:37 AM TO INFORM MEDICAL DEPARTMENT THAT H4-70-71-POT + PLAINTIFF HAS NOT AT ALL BEEN GIVEN MEDICAL PILL CALL MEDICATION FROM 7:00 AM ON 6-19-20 UNTIL 12:37 AM ON 6-20-20 AM. THIS IS NOT THE FIRST TIME THIS HAS HAPPENED: AS SUCH PLAINTIFF IS LETTING MEDICAL DEPARTMENT KNOW THAT MY ATTORNEY'S WILL BE FILING UNDER FEDERAL LAW OF ARTICLE (1), GENERAL PROVISION'S ACT LIFE ENDANGERMENT CHARGE'S: ALSO AS STATED IN FEDERAL ARTICLE (2), PLAINTIFF HAS GIVEN FEDERAL JUDICIAL NOTICE OF ACTION: BEING TAKE, PLAINTIFF ATTORNEY'S HAS ALSO FILED FOR FEDERAL INVESTIGATION'S AND EXAMINATIONS OF MEDICAL CONDITIONS OF CONFINEMENT HERE AT L.V.C.C. BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND U.S. DEPARTMENT OF JUSTICE: ALSO MY DAUGHTER DOCTOR THARIA LEWIS IS FILING A FORMAL COMPLAINT TO THE MEDICAL REVIEW BOARD: ENOFE IS ENOFE: IT'S MY LIFE BEING PUT AT RISK:*

Offender Signature: *Rabbi: James H. Raynor*

Date *6-20-20 AT 12:37 AM*

Offenders - Do Not Write Below This Line

Date Received: *07-09-2020*

Tracking # *LVCC 20 INF 02216*

Response Due: *07-23-2020*

Action Taken/Response:

Assigned to: *Medical*

*MI. Raynor,
use a palodius for any inconvinence, but before COVID 19 lockdown and facility security issues nurses were not able to provide you with your meds. Once medical is clear for access, I'll be glad to assist you with ensuring your medical request needs.*

Respondent Signature

AP/Bracken
Printed Name and Title

Date *07/13/20*

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: *[Signature]*

Staff Witness Signature: *[Signature]*

AUG 12 2020

Date:

JUL 09 2020

Date:

LVCC GRIEVANCE DEPT

LVCC GRIEVANCE DEPT
Revision Date: 1/20/17

**Informal Complaint**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. An Informal Complaint is not required for an alleged incident of sexual abuse.

Rabbi: JAMES H. Raynor

Offender Name

1007103

HU-70-71-109

MEDICAL STAFF

Individuals Involved in Incident

Offender Number

Housing Assignment

6-26-20 FROM 5:00 PM UNTIL 6-27-20 AT 7:00 PM

- Unit Manager/Supervisor
- Personal Property
- Medical Administrator

- Food Service
- Commissary
- Other (Please Specify): Warden: Breckon

Date/ Time of Incident

- Institutional Program Manager
- Mailroom

Briefly explain the nature of your complaint (be specific): From 6-26-20 AT 5:00 PM UNTIL 6-27-20 AT 7:00 PM MEDICAL STAFF HAS PUT MY LIFE AT SERIOUS RISK OF HARM AND OR INJURY FOR REFUSING TO BRING MY SEIZURE MEDICATIONS: WE'RE ON ANOTHER COVID-19 LOCKDOWN AND CAN NOT GO TO PILL WINDOW TO GET OUR MEDICATIONS; AND THIS HAPPENS "EVERY TIME WE'VE BEEN LOCKDOWN" THIS IS LIFE ENDANGERMENT AND VIOLATES 8TH AMENDMENT UNDER DELIBERATE INDIFFERENCE OF MY SERIOUS MEDICAL NEEDS, AND CRUEL AND UNUSUAL PUNISHMENT: AND I WANT A FULL INCIDENT REPORT DONE UNDER CIVIL CASE NO: I-19-CV-01392-LMB-EWD: WHERE A WARRANT OR SUBPOENA WILL BE ISSUED: FOR THE INCIDENT REPORT:

Offender Signature Rabbi: James H. RaynorDate 6-27-20

Offenders - Do Not Write Below This Line

Date Received: 07-02-2020Tracking # LVCC 20 INF 02172Response Due: 07-16-2020Assigned to: Medical

Action Taken/Response:

M. Raynor.

Due to COVID 19 restrictions, and disturbances at the facility, the nurses were unable to access the pod

AGD
Respondent SignatureAD Duvalum
Printed Name and Title07/13/20
Date**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Staff Witness Signature: _____

RECEIVED D AUG 12 2020
Date: _____

Date: _____

JUL 02 2020

LVCC GRIEVANCE DEPT

Revision Date: 4/20/2020
LVCC GRIEVANCE DEPT



LAWRENCEVILLE CORRECTIONAL CENTER
Lawrenceville, VA

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYnor	RAbbi JAMES	H.	A 1007103	H 4-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
N/A	Ms. JONES	4-15-21		

- TO: Unit Manager Medical Personal Property Law Library Security
 Treatment Mental Health Education Dental Maintenance
 Chaplain Facility Admin. Asst. Facility Admin. Chief of Housing & Programs Accounting
 Other Ms. Robinson: D.O.C. CONTRACT MONTER:

CHECK PURPOSE Appointment Request Question/Statement Ms. ROBINSON, FIRST, good D.
SECONDLY: I NEED TO SEE YOU A.S.A.P. IT IS AN EMERGENCY ISSUE: ON 4-14-21
IT WAS INFORMED THAT WITHIN 48 HOURS NOTICE THAT I'M BEING PUT IN FOR
A TRANSFER TO ANOTHER PRISON: HOW EVER I HAVE A FEDERAL SETTLEMENT AGREEMENT
BY THE FEDERAL U.S. DISTRICT COURT JUDGE THOMAS MICHAEL S. WILCHINSKY OFF
TRACKING CODE: "EASTERN 200M 9-29-20 RAYnor" YESTERDAY CONTACTED MY ATTORNEY-
ATTORNEY'S AT VICTOR M. GLASBERG & ASSOCIATES MC GLASBERG'S OFFICE # IS (703)684-1100
IS (703)684-1104: (23) WITNESS GEO GROUP INC ATTORNEY MR. LOUIS V. CARRIJO, EXECUTIVE
CORPORATE GOAL COUSSED PALM BEACH FL. THESE WITNESSES CAN TELL YOU THAT I
CAN NOT BE MOVED FROM L.V.C.C. UNLESS I ASK TO BE MOVED OR AGREE TO BE MOVED
BUT I HAVE LET MS. BULLOCK KNOW AS WITH MR. H. COUNSELOR & D.O.HICKS, MOVING ME UNIBO
NOT ONLY A BREACH OF THAT SETTLEMENT AGREEMENT CONTRACT BUT ALSO DEFACTO AN THE
CONTRACT EVEN THE CONDITIONALITY OF CONFIDENTIALITY CLAUSE, AND INDULGENTIFICATION
AGAINST ANY DELIENS, AND THENON DISCLOSURE, WILL HAVE A FULL DISCLOSURE OF ALL LEGAL MATTER
OF THIS CASE: BY MS. BULLOCK'S MISCONDUCT, AND DELIBERATE INDIFERENCE TO THIS
UNLAWFUL ACT PUT'S THIS AS CRIMINAL CONTEMPT OF THE FEDERAL COURT ORDER RAYnor V. HARVE
W. CLARKE VA D.O.C. LAND GEO GROUPING ACTION NO: 1-19-64-1384. SETTLED 9-19-20: THIS KIND OF
CRIMINAL CONTEMPT OF THE JUDGE'S ORDER IS AS A FELONY A CT. DUE TO HER THREAT,
INTIMATION, AND RETALIATION, BEING SHE WAS A DEFENDANT IN THAT CASE: AND SHE IS ALSO COMMITTING
DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE TRADUCTION, PUNISH:

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

Offender seen Yes No

Official Responding

Date of Response



The GEO Group, Inc.

LAWRENCEVILLE CORRECTIONAL CENTER
Lawrenceville, VA

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
 2. Please Print your request; KEEP IT BRIEF
 3. Drop in the appropriate Mail Box
 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
<i>RAYNOR</i>	<i>Rabbi James</i>	<i>H.</i>	<i>#</i> <i>1007103</i>	<i>HU-70-71 109</i>
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
<i>N/A</i>	<i>Ms. JONES</i>		<i>4-15-21</i>	

TO: Unit Manager Medical Personal Property Law Library Security
 Treatment Mental Health Education Dental Maintenance
 Chaplain Facility Admin. Asst. Facility Admin. Chief of Housing & Programs Accounting
 Other *Mrs. Rabd Robinson: D.O.C. CENTRAL MONTER*

CHECK PURPOSE Appointment Request Question/Statement **ANY WAY** mis. Robinson.
Ms. Bullock's CRIMINAL CONTEMPT OF THE COURT ORDER ALSO PUTS LIABILITY
ALSO ON VA. D.O.C. AND HAROLD W. CLARKE THE DIRECTOR OF VA D.O.C.

I Formally By word of mouth, And on -2-27-21- 3-20-21, 4-6-21, 4-12-21: I TELL
I Told counsellors of TO: To withdraw my REQUEST FOR KOSHER DIET: I
WROTE ON 4-6-21 AS ON EXHIBIT A(3). ON A COMPLAINT LOG # LVCC-21-INF-00852
I WROTE TO WITHDRAW THE REQUEST FOR KOSHER DIET: AFTER ALL I DID TO
WITHDRAW THIS, Mrs. Bullock is Forcing ME TO MOVE TO ANOTHER PRISON WITH COMMON
KNOWLEDGE OF THE CRIMINAL CONTEMPT OF COURT ORDER, AND DEFAULT OF SAID SETTLE
MENT AGREEMENT CONTRACT: IF SHE IS ALLOWED TO DO THIS, I WILL HAVE CRIMINAL
CONTEMPT CHARGES, AND RESUBMIT LEGAL ACTIONS WITH FULL DISCLOSURE + JURY TRIAL
PLEASE TRY AND HELP ME:

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

Offender seen Yes No

Official Responding

Date of Response



"Court's Copy"

Written Complaint

C.C. COPIES HAS GONE TO MY ATTORNEYS
 V.A. D.O.C. DIRECTOR, GEO GROUP INC. AND
 FEDERAL COURT.

Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Rabbi: JAMES RAYNOR # 1007103
 Offender Name Offender Number

14-70-7-109

Housing Assignment

L.V.C.C. STAFF AND GEO GROUP INC.
 Individuals Involved in Incident

4-1-21 / 3:20 PM.

Date/ Time of Incident

TO: WARDEN: MR. BRECKON: ONLY

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): ON 4-1-21 I WAS TOLD IF I WANTED MY FIRST AMENDMENT RIGHT'S UNDER THE RELIGIOUS LAND ACT FOR MY ORTHODOX JEWISH KOSHER DIET, I WOULD BE FORCED TO MOVE FROM L.V.C.C., HOWEVER PLAINTIFF HAS A FEDERAL COURT ORDER TO STAY AT L.V.C.C. DUE TO HIS FEDERAL SETTLEMENT AGREEMENT CONTRACT, BUT AS PLAINIFF'S EXHIBIT-A DATED 9-29-20 THE DAY GEO GROUP INC. ENTERED INTO A FEDERAL SETTLEMENT AGREEMENT CONTRACT, THE FEDERAL COURT JUDGE LET BOTH V.A. D.O.C. AND GEO GROUP INC. PLAINTIFF CAN NOT BE FORCED TO MOVE OUT TO HIS OTHER FEDERAL S.A. CONTRACT; AND A LOOK AT PLAINTIFF'S EXHIBIT A-EVIDENCE OF THAT HEADING UNDER TRACKING CODE 9-24-20 & 200M.G. 29-20 RAYNOR THIS LEGAL FACT CAN BE SHOWN; AND WILL BE PART OF PLAINTIFF'S EXHIBIT A-UMAR THE LAW OF VA. 12-1-02A.2. VIDEO RETENTION # 20000338, AND EVIDENCE COLLECTION PRESERVATION: O.P. EVIDENCE VIDEO LOGO 1-CG, PAGE(3) OF (5). VIDEO RETENTION OF EASTERN 200M.G. 29-20 RAYNOR IS HERE BY NOW A LEGAL EXHIBIT-A.0 AND WILL BE A PART OF MY ACTION; WITH THE JUDGE BEING A EXPERT EYE WITNESS OF LEGAL FACT. AS SUCH L.V.C.C. AND GEO GROUP INC. HAS BEEN ALSO GIVEN LEGAL NOTICE OF ACTION'S BEING TAKEN. PLAINTIFF HEREBY WITHDRAWS HIS KOSHER ORTHODOX RELIGIOUS DIET UNTIL THE COURT HEARS THIS CASE AT HAND

Offender Signature: Rabbi: James H. Raynor # 1007103

Date: 4-2-21 DUE TO DEFER

ART'S THREAT, EXTORTION + RETALIATION:

Offenders - Do Not Write Below This Line

Date Received: _____ Response Due: _____ Log Number: _____

Assigned to: _____

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____





VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report

Exhibit - A-(3)

VACORIS C - #.0

DOC Location: LVCC Lawrenceville
Correctional Center

Report generated by Bridgeford, A

Report run on 04/07/2021 at 11:40 AM

Grievance Number: LVCC-21-INF-00852Next Action Date: 4/21/2021 12:00:00 AM

On this date:	04/06/2021	I have received a statement from:
Raynor, James H 1007103 of		Lawrenceville Correctional Center 70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
In order to observed your Orthodox Jewish Kosher diet that you would be forced to move from LVCC.		
<i>Aygreen</i> (Signature)		<i>Jobs Coordinator</i>

PLAINTIFF HAS IN ALL LEGAL FACT
 WITH DRAWN HIS JEWISH ORTHODOX RELIGIOUS
 DIET DUE TO DEFENDANT'S, CRIMINAL THREAT
 INTEMADATION, AND RETALIATION; UNTIL THIS
 COURT'S HEARING THIS CASE AND IT'S FEDERAL
 RULE TO PROTECT PLAINTIFF, AND HIS RIGHTS
 UNDER THE LAWFUL CONDITIONS OF BOTH
 HIS FEDERAL SETTLEMENT AGREEMENT CONTRACT.

Officer Initials: _____

EXHIBIT-A- 12 PAGES

Doctor ADAM C. CROWL
ADVANCED ORTHOPAEDIC CENTER,
7858 Shrader Road Richmond VA 23294
T: (804) 270-1305

EXHIBIT A

SWORN AFFIDAVIT IN CIVIL ACTION, RAYnor v. PUSHI
(CASE NO: 1-13-CV-01117-LMB-JPA)

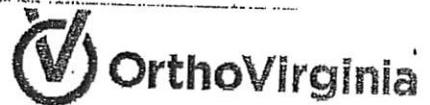
EXPERT WITNESSES



CONFIMS A SERIOUS INJURY
TOOK PLACE AT SUSSEX I.F.S.P.
BY V.A.D.O.C. STAFF.

EXPERT WITNESS #1

1 | Page



August 1, 2016

Ms. Winsky,

I am Dr. Adam C. Crowl of Advanced Orthopaedic Centers, located at 7858 Shrader Road, Richmond, Virginia, 23294, T: (804) 270-1305. I am licensed to practice medicine in Virginia, I am a board certified orthopedic surgeon with a specialty in orthopaedic surgery and a subspecialty in orthopedic spine surgery, and I perform, among other things, nerve decompression surgery, spinal fusion surgery, dural repair, herniated disc surgery, laminectomy procedures, orthopedic spine surgery, spinal compression fracture repair, and spine surgery to treat degenerative, congenital and traumatic disorders of the cervical, thoracic, and lumbar spines. I have an active clinical practice in Richmond, Virginia at Advanced Orthopaedics. My education, experience, training, and other qualifications are set forth in my curriculum vitae, a copy of which is incorporated herein and attached as Exhibit A.

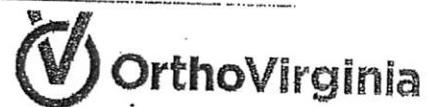
My curriculum vitae is updated through July 2016 and lists publications I have authored. My publications from the last ten years are:

- (1) Tannoury T, Crowl AC, Battaglia T, Anderson DG, Chan, DP. *Journal of Surgical Orthopaedic Advances*, Volume 15, Number 4, Winter 2005, A *Cadaveric Study Comparing Standard Fluoroscopy with Fluoroscopy-Based Computer Navigation for Screw Fixation of the Odontoid*.
- (2) Tannoury T, Crowl AC, Battaglia T, Anderson DG, Chan, DP, *Journal of Neurosurgery, Spine, An Anatomical Study Comparing Standard Fluoroscopy and Virtual Fluoroscopy for the Placement of CJ-2 Transarticular Screws* (May 2005).
- (3) Crowl A.C., and Kang J.D., *Clinical Sports Medicine, Cervical Spine*, D.L. Johnson and S.D. Mair (eds.), Mosby, Philadelphia, PA. 2006.
- (4) Fumich MD, Crowl AC and Kang JD, *Current Diagnosis and Treatment in Sports Medicine. Spine Injuries in Athletes*. McMahon (ed) McGraw-Hill (2007).
- (5) Crowl AC, *Decision Making in Spinal Care, Failed Back Syndromes*, Chap. 34, Vaccaro J. & Anderson, D.C. (eds.) (2007).

My opinions in this matter are based on my training, education, clinical experience, ongoing review and understanding of the relevant medical literature, review of the records received in this case, physical examination of Mr. Raynor, and in-person interview with Mr. Raynor.

WEST END OFFICE 7858 SHRADER ROAD, RICHMOND, VA 23294
SOUTHSIDE OFFICES 13801 ST. FRANCIS BOULEVARD, SUITE 200, MIDLOTHIAN, VA 23114

PH (804) 270-1305 / FX (804) 273-9294 / WWW.ADVANCEDORTHO.ME



To date, I have received, reviewed, and considered the following documents in connection with this report:

1. Medical records 4-8-14
2. Medical Records 6-1-15
3. Medical records 6-10-15
4. Medical records 9-4-15
5. Medical records 2-25-14
6. Medical records November 2015 to January 2016
7. Medical records 9-30-13 (X-Ray)
8. MRI Report dated 6-20-2016
9. Amended Complaint
10. Answer to Amended Complaint
11. Declaration of Joseph Ray Jackson
12. Declaration of Darryl Jones
13. Declaration of Kunta Kinte Mullins
14. Declaration of Christopher McManama
15. Declaration of Tony Brooks
16. Declaration of Joseph Daniel Francisco
17. Declaration of John Smith

18. Medical Records Produced by Pugh on 5-11-16 and Bates-labeled:

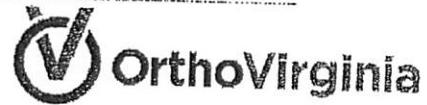
11	26	27	29	41	42
159	164	165	166	175	176
179	180	184	186	187	189
199	216	217	226	306-310	352
385	391	394	605	606	635
685-687	711-717	723	725	726	908-912
932	956	977	982	988	1120
1206	1244	1246	1257	1265	1296-1298
1316	1329	1331	1425	1426	1436
1452	1453	1457	1458	1491	1500
1508	1511	1544	1546	1550	1554
1596	1599	1600			

19. Documents from Defendant Pugh's First Production and Bates-labeled:

628-632	646	648	690-92	710-11
718	720-22	724	726	728

WEST END OFFICE 7858 SHRADER ROAD, RICHMOND, VA 23294
 SOUTHSIDE OFFICES 13801 ST. FRANCIS BOULEVARD, SUITE 200, MIDLOTHIAN, VA 23114

PH (804) 270-1305 / FX (804) 273-9294 / WWW.ADVANCEDORTHO.ME



730	732	738-39	748-49	764
768	774	776	778-79	780
838	840-42	850	852-54	856
858	868	870-72	874	876
890-93	902	904	906	918
922	924	926	980	988
990	994			

Having treated patients who have suffered the same injuries as Mr. Raynor over the course of my medical career and who have had the same symptoms of lumbar stenosis and lumbar radiculopathy, I am familiar with the types of injuries Mr. Raynor has suffered, the types of treatments such patients receive for those injuries, the permanency of the types of injuries Mr. Raynor experienced, Mr. Raynor's prognosis for recovery, the necessity and reasonableness of medical bills and charges and the ways in which future medical care and procedures would assist Mr. Raynor. My clinical practice is limited to spine patients, and, on an average week, I see 20 patients with lumbar spinal stenosis and spondylolisthesis.

I engage in routine review of medical literature that is available from the American Academy of Orthopaedic Surgeons' website, Orthopaedic Knowledge Update, The Spine Journal, OrthoBullets and this general educational refreshing has contributed to the knowledge base that I utilized in forming my opinions for this matter.

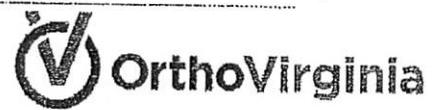
Please find below the report requested on your client, Mr. James Raynor.

Of note, during the entirety of the interview and physical examination, Mr. Raynor was accompanied by two officers. Mr. Raynor's shackles and restraints were removed at my request during the interview and physical examination and replaced at the conclusion of the examination. The examination occurred on June 10th, 2016.

Chief complaint: Back pain with bilateral leg radiation with numbness and tingling.

HPI: Mr. Raynor reports a long history of intermittent low back pain with some variable radiation into the lower extremities that had previously been managed with activity modifications, gabapentin and ibuprofen. He reports being involved in an altercation with another inmate on January 10, 2013. He reports being struck in the face and falling backward and landing on his buttocks. Since that altercation, Mr. Raynor reports a dramatic increase in back pain, and frequent and debilitating pain radiating down both legs. He also reports numbness and tingling in both legs, left greater than right and progressive difficulty with ambulation tolerance to the point of predominantly staying in a wheelchair. Mr. Raynor reports that prior to his injury he did have back pain and intermittent bouts of radiating pain into the legs. He reports, however, that he was able

WEST END OFFICE 7858 SHRADER ROAD, RICHMOND, VA 23294
SOUTHSIDE OFFICES 13801 ST. FRANCIS BOULEVARD, SUITE 200, MIDLOTHIAN, VA 23114



to walk and did not utilize a wheelchair frequently. He reports that years ago he was weighing about 285 pounds, however, through exercising he had reduced his bodyweight to approximately 238 pounds. He reports the weight reduction did help with his back pain. He reports prior to his injury, he was able to work in the prison as a cook in the kitchen. He reports prior to his injury, he was using ibuprofen which seemed to help with pain and also Gabapentin which was given for seizures. He reports that he has not been prescribed either medication recently. He reports not knowing the reason for discontinuation of those medications. He reports attempting to stand upright aggravates his pain, sitting down and forward is his most comfortable position. He reports attempting to sit up straight also aggravates pain. He reports the frequency of numbness and radiating pain down the legs has significantly increased. He reports that very quickly after attempting to stand, his legs feel shaky, numbness increases and he becomes weak. He reports upon sitting down and forward, the numbness gradually improves, strength returns and the radiating pain in the legs decreases. He denies perigenital numbness or saddle anesthesia, and he is able to control urination and defecation but admits that at times he has had fecal urgency and soiled himself. He reports he has seizures, sleep apnea, chronic GI problems with vomiting blood, frequent bowel movements and reports previous right ankle surgery for fracture.

Physical exam: Oriented x 4, poorly groomed. Obese male in no obvious distress. Mood and affect are normal. Patient is conversational and cooperative. Bodyweight: 318 lbs.

Gait: Non-antalgic, he has significant difficulty with going from sitting to standing. Transferring from wheelchair a few steps to examination table was quite difficult. Mr. Raynor preferred a very forward flexed posture when attempting to stand.

Skin: Skin of lumbar spine is normal without hairy patches or dimples. Skin of the remainder of the thoracolumbar spine is also normal. No café au lait spots. No rash.

Reflexes: Upper extremity reflexes demonstrate 2+ bicep, 2+ tricep and 2+ brachioradialis reflexes bilaterally. Patient does have positive Hoffmann sign on the left. In the lower extremities he has 2+ knee jerks bilaterally and diminished ankle jerk reflexes bilaterally. No clonus in either foot.

Cervical spine: No tenderness to palpation in the cervical spine, skin is normal. Range of motion is somewhat limited in extension but not painful, Spurling's maneuver is negative right and left. Motor strengths are normal and symmetric C5-T1 right and left upper extremity. Sensation is intact to light touch C5-T1 right and left upper extremity.

Thoracic spine: Some accentuated kyphosis of the thoracic spine, he is nontender to palpation however and sensation is normal along the thoracic dermatomes.

WEST END OFFICE 7858 SHRADER ROAD, RICHMOND, VA 23294.
SOUTHSIDE OFFICES 13801 ST. FRANCIS BOULEVARD, SUITE 200, MIDLOTHIAN, VA 23114



Lumbar spine: Patient has loss of the normal lumbar lordosis and a more flattened posture in the lumbar spine, he much prefers a forward flexed posture both when attempting to stand but also with sitting he finds more comfort leaning forward with hands on the knees and significant pain with trying to sit straight and erect. He reports significant pain with attempted lumbar extension in sitting position. He is able to flex forward in the sitting position with less discomfort. He has some minor tenderness to palpation in the paraspinal musculature, no mass lesions felt. No spasms. Straight leg raise on both the right and left lower extremity is negative for back or radiating leg pain. Motor strength he demonstrates normal hip flexion, hip abduction, hip adduction, knee extension is somewhat limited secondary to pain mostly on the left, he is able to demonstrate 3/5 dorsiflexion on the left 4/5 on the right, plantar flexion 3/5 right and left lower extremity. Sensation is somewhat diminished in a L5 distribution in both lower extremities. He reports greater sensory deficit in left lower extremity than the right.

LEFT

Joints: He has well healed scar to Right ankle from previous ORIF. He has decreased PROM of right ankle as compared to the left. He has poor grooming of the toes of both feet and obvious onychomycosis of his toe nails on both feet.

Circulation: He has 1+edema in both ankles and evidence of venous stasis disease. Dorsalis pedis pulses are palpable and symmetric bilaterally.

Radiology: 4 views of lumbar spine obtained during the examination demonstrate a loss of normal lumbar lordosis, do not see evidence of fracture, no lytic or blastic lesions. There are degenerative changes of the disc space and spondylosis at L4-5 and L5-S1. There is evidence of a spondylolisthesis measuring 13 mm at L4-L5, on flexion, there is no increase in the spondylolisthesis however there is increased kyphosis. There is also posterior disc space height loss due to disc degeneration at L3-L4, there is more disc degeneration seen at the thoracolumbar junction at L1-L2 T12-L1 and T11-12 but no fracture. Appears to have positive sagittal balance. MRI from June 20, 2016 is reviewed, this demonstrates marked disc degeneration at L5-S1, of important note is that the disc space height at L4-5 is relatively well preserved in the spondylolisthesis in the supine position is reduced to about 4-5 mm. His multilevel disc degeneration is relatively mild at L3-L4 L2-L3 and L1-L2 and at T11-12. There is no cord compression of the distal conus or upper lumbar stenosis. On the axial cuts at L5-S1 there is considerable facet arthropathy at L5-S1 but no central stenosis, there is some mild right greater than left foraminal stenosis there, at L4-L5 is evidence of facet tropism, there is marked facet arthropathy at L4-L5 bilaterally, in the supine reduced position there is mild lateral recess and mild central stenosis L3-L4 appears widely patent as well as at L2-L3.

n/r P

WEST END OFFICE 7858 SHRADER ROAD, RICHMOND, VA 23294
SOUTHSIDE OFFICES 13801 ST. FRANCIS BOULEVARD, SUITE 200, MIDLOTHIAN, VA 23114

PH (804) 270-1305 / FX (804) 273-9294 / WWW.ADVANCEDORTHO.ME